(VR A15 ME (5)) 20M 4/82

	1 - S	OR TATE EGISTRAR			DEPARTMEN		H AND M	ENTAL H	3.2	- 3	REG N	3	Com	6	;
	I. DEC	EASED NAM	E FIRST JOHN	Te	MIDDLE	A	LLEN		20	OF	KNOWN (ESTI- MATED	ж <u>а</u> монтн	16	YEAR 1984	2b HOUR
	3 SEX	ale	4. RACE White	S DATE OF BIRTH	YEAR LAS	E (IN YEARS IF UST BIRTHDAY) MOR	JNDER 1 YR.	IF UNDER 2		DATE RONOUN DEAD	ICED	монтн	DAY	YEAR 1984	24 HOUR 8:33 PM
5	W.	THPLACE (S		76. CITIZEN OF WE	A	WIDO		DIVORCE	D 0	All	ore city egany	Coun	ty		MD.
0	Cu	mberla	nd	Memoria	Hospit	al (DOA		TION	FOR MO	LOCCUF STOFWOR ude1	PATION (TY KING LIFE) 1			Sch	RY
5	13a. ST/	aryla	nd Alle		13c. CITY OR TO		YES	NO 🍱		#8,	Box	266	2	150	2
0		THER'S NAME FIRST Unkno		WIDDIE	EAST		Be	ER'S MAIDEN ERST ETTY		Jo [~]	DOLE	Al	ller	LAST	
	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 168 SOCIAL SECURITY NO. 212-90-6526 Batty Jo Tagliaferre - s									sam	e/2	1502			
		PARTIDE	F DEATH (Enter on ATH WAS CAUSE / MMEDIA	TE CAUSE (a)	far (a), (b), and Cranio AS A CONSEOU	cerebra	l trau	ma						PPROXIMAT VEEN ONSE	E INTERVAL T AND DEATH
		gave ri couse (a	ns, if any, which se to immediate stating the <u>under</u>	(b)	AS A CONSEQU										
	-	lying cau		(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE DR CONDITIO	N GIVEN IN PARI	[] to .						
	CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR WHIC	H OPERATION	WAS PERFOR	MED?						UTOPSY	
2									PART I OR PA		resXI	NO []			
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8:11p.m. 9-16- 19 84 Pedestrian struck by auto. 7 Id Injury Occurred 7 Id Injury OCCURRED 7 In Place of Injury (at home, STREET, FACTORY, FARM, ETC.) 8 STREET STREET CITY OR TOWN STREET COUNTY										,	STATE			

Cumber land Allegany Valley Rd. road AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Undetermined manner

TITLE (SPECIFY) ACTUAL Assistant

EXAMINER'S NAME (TYPE OR PRINT) 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL

Cumberland 9/19/84 Zion Memorial Park Burial 24 FUNERAL DIRECTOR

John J. Hafer, Jr. LaVale, MD

NOT WHILE

Md.

9-17-84

The state of the s Loone3 de la carebuda ryland allowers and x x Defe long 206 SORTE Draw - Property Total Care 1753- - 1 The the the tended fort Cumberland, the Total come a Hestery Dr. InVele. II - F | Stopy As Law- puty

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Page 4 may be

executed within 24 hours ofte

death certificate be

that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow

attending physicion.

etoined by the hospital or

STATE OF MARYLAND FOR STATE

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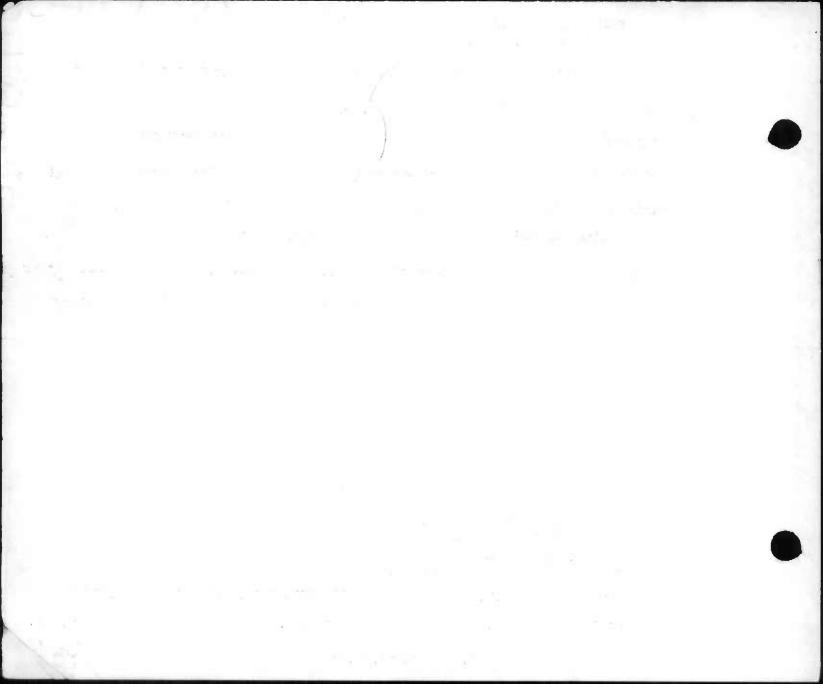
_		REGISTRAR 100	VM.	AVE. COI	ישוייםו	CERTIF	ICATE OF DEATH		REG. NO	D.		
		CEASED NAME ORPRINT)	DOLOF		MARIE	BAGA	ATTI		F DEATH	MONTH DAY	YEAR	1:20P
	3 SEX	Female		4 RACE White		5. DATE C	DAY - YEAR	4	all and a second	YRS.		IF UNDER 24 HRS. HOURS MIN.
		RTHPLACE ISTATE OR I	FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D			R COUNTY OF		MD.
2	C	ty or town of DEA umberland		SACRE	H FACILITY, GIVE STREET HEART	HOSPI	TAL	12a USUAL LIVPE OF WOO COMPO	OCCUPATION SITE	ON E working life) Operator	Bal	of Business or listic La
	13a. S	AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFOR 13t. CITY OR TOV Cumber1	VN	13d. INSIDE CITY LIMITS?		ADDRESS / 26 Haj	ZIP CODE	21	502
1	14 FA	THER'S NAME FIRST Din	o Baga	atti	LAST		15. MOTHER'S MAIDEN N.		WIDDLE		LAS	T
		VAS DECEASED EVER (ES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	21934		Mrs. Mary	Bagatt	i, Cu			. Mother
1	CERTIFICATION	Conditions, if ony gove rise to immacause (o), stating underlying couse PART 2 OTHER SIGNATE OF OPERA	mediote ng the e lost	DUE TO, OI		DEATH BUT	NOT RELATED TO THE TER	20a AUT	OPSY?	20b. IF YES, WE	RE FINDIN	NGS USED OF DEATH?
7	MEDICAL CERTI	21a. ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEA	P. PLACE	M. MONTH D M.	19	21c. HOW INJURY OCCU	RRED (ENTER N	NO		OR PART 2)	NO
	N	22e I certify that (I) street the decease obove (I) (we) ((this hospi	tol) ottended th		, or		MEDICAL		F		
		BRUCE		NEK,M.D			22e ADDRESS 912 SETON	DRIVE (UMBER		0.215	502
	(Burial, CREMATION,	, removal				MemorialPar	k C	umber			ny, Md.
	74 FI	INFRAL DIRECTOR					LM a=Da	ATF_RECAD BY	ARGISTRAIN	25h REGISTRAR	SSIGNAT	LIRE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 55 should be detached for use as the buriol-transit permit. Then please remove corbonopers. Pages 1 and 2 should be the with the State Dept. of Health and Merial Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be approximated.

James F. Scarpelli, Cumberland, Md. 21502 SEP 06 1984 Jana Jandson Rocks



STATE OF MARYLAND LEASURE STEIN FUNERARPARIONERT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 230 BALTIMORE STREET, REGISTRAR REG NO MIDDLE Tae LAST 2a DATE OF DEATH 26 HOUR DECEASED NAME (TYPE OR PRINT) 8:35 AM IANTHA M BALL SEPTEMBER 22 1984 IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 1922 Female Black Nov. 61 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ASTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY ALLEGANY COUNTY arvland WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE SACRED HEART HOSPITAL Cumberland USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13¢ STREET ADDRESS / ZIP CODE 13a. STATE 134 INSIDE CITY LIMITS? 120 Pine Avenue 21502 Allegan Cumberland Marvland YESTELL NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE MIDDLE Elmer Novella Gilmore Montgomerv ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (HEYES GIVE WAR OR DATES) Same as 13a-e. Daniel B. Ball unlmown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY Credio respirato IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF enerd Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Chronic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER_NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, 19_ , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated sow the deceased alive on_ above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

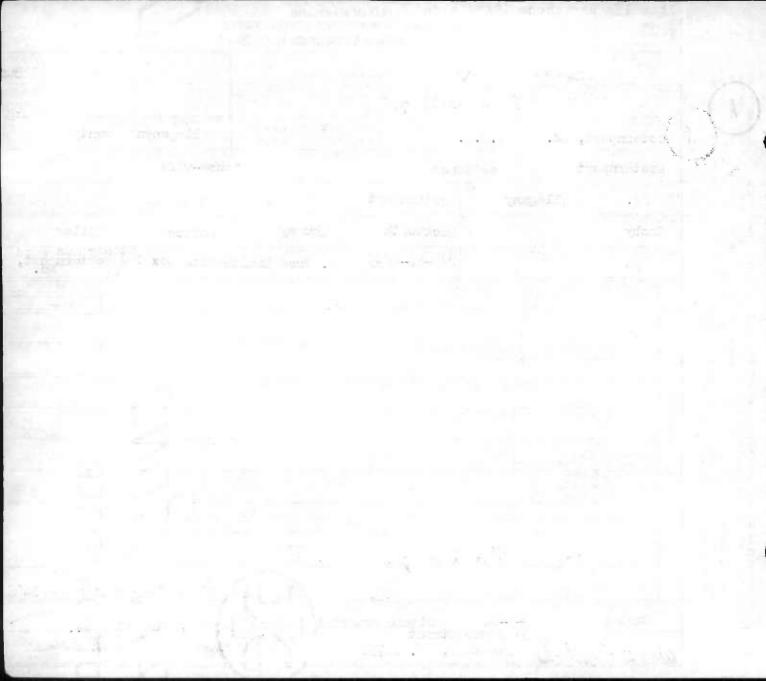
þ pino CV LOI prior ony burial-transit per Mental Hygiene shows 8 morked or Item. DIRECT be detoched to e Stote Dept. * MPORTANT d p 34 BROADWAY. JESUS TAN FROSTBURG. 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Cumber land (SPEC IFY) Rocky Gap Veterans Burial Stein Funeral Home, Inc. 25 DATE REGIDERY RETUSTRANT 25 LINE GISTRANT SEGMENT WHEN 24. FUNERAL DIRECTOR NAME 230 Baltimore Ave. Cumber land, MD 21502

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

Item 13e per phone 10/4/84 dad



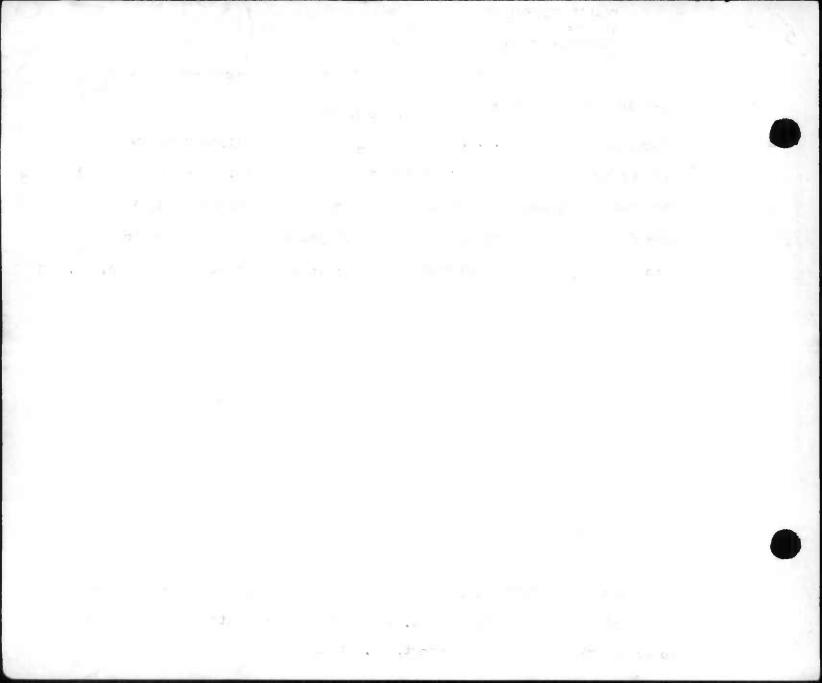
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DHMH - 17 (VR A15 ME (5)) 15M 2/80

	1-	FOR STATE REGISTRAR		м	STA DEPARTMENT OF EDICAL EXAMIN		ENTAL HYGIE		6 9	
	(TYPI	CEASED NAM E OR PRINT)	ARTH		MIDDLE	BRANT		20. DATE KNOWN A OF ESTI- DEATH MATED		84 4:23 BM
1	MA	LE	Caucasi		YSAL CAST BIRTHD	AY) MONTHS DAYS	IF UNDER 24 HRS	PRONOUNCED DEAD	7/29 19	VEAR 2d. HOUR 4:25
3	FOI	RTHPLACE (S REIGN COUNTRY) Pa.		US	WHAT COUNTRY?	8. MARRIED XNE	DIVORCED		UNTY	MD.
2	ÇIJ	MBERLA!	ND	MEMORYCA	OSPITAL, NURSING HOME FACILITY CIVE SPREET OPPRESS)		FO	SUALOCCUPATION (TYPE OF R MOST OF WORKING LIFE) [aintenance	OF WORK 12b KIND OR IN Reta	OF BUSINESS NOUSTRY
5	USUA IJa. ST	TATE	M3F ~ 1.01.	or other institution,	130. CITY OF TO Hyndman	ON) - 13d. INSIDE (I	TY LIMITS? 13+-07	R D 1/15545	99	1999
20		THER'S NAME FIRST	Walter	MIDDLE	LAST	FI	R'S MAIDEN NAM	MIDDLE	ŁAS	if
3	16a. W		D EVER IN U.S. A		16b. SOCIAL SECURIT	Y NO. 17 INFORM	AANT	A Shilling ADDRESS , Box 162, E		529 Md
	NO	Conditio gave ri couse (o lying cou	IMMEDI ns, if any, whice se to immedio) stating the <u>under</u> use last.	ED BY: ATE CAUSE (o) DUE TO, C (b) DUE TO, C (c)	IN BUT NOT RELATED TO THE TERM	TRDIAL OF EROTIC OF	INF	FARCTION	APPRE BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
7	TIFICATION		OPERATION	19b. CON	DITION FOR WHICH OPER	ATION WAS PERFOR	MED?			TOPSY?
3	MEDICAL CERT	UNDERLYING CONTRIBUTI	NG CAUSE O	DEATH P	OF INJURY M. MONTH DAY YEAR M. 19 E OF INJURY (ATHOME, ACTORY, FARM, ETC.)		OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	STATE
5	1 -	220. I certi deoth result ACTUAL SIGNATURE	fy that I taak cho	vral causes X	lescribed above, held on Accident , Su	Autopsy , , icide , Homic TITLE (S.	PECIFY) ME	Inquiry X, and etermined manner ,	DATE SIGNED	29/84 AND. Mol
	(5	JRIAL, CREMA PECIFY) Buria JNERA NAME	2000	10/3/84	Hyndma	n Cemetery	DRY 23d. I	OCATION TYORTOWN SYNdman, Bedf BY REGISTRAR [256, REGIS	county ord, Pa TRAR'S SIGNATUR	% STATE
]	Harvey	H. Zeig	ler, Hynd	man, Pa. 15	545	3 13	Gulia Davids	n-Randell	1

	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death centificate be executed within 24 hours after death. Pa	N
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷	•
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16	1 -	BOAL'S FOR 111 CHU STATE REGISTRAWESTERN	RCH	STREET	DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	N N	3 2	7 0	
* 74		EASED NAME FIRS		N	BRENNAN		AST	20. DATE OF DEAT			2b. HOUR
ctor. Day	3 SEX			RACE White	DREINIVAIN	5. DATE O		SEPTEME 6 AGE (IN YEARS LA 82	ST BIRTHDAY)	IF UNDER I YEAR	9:30P M F UNDER 24 HRS HOURS MIN.
SE Talbour	(THPLACE (STATE OR FOREIGN OUNTRY) Bryland		U.S.		MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CI			MD.
s office filed and	Ct	Y OR TOWN OF DEATH		SACRE!	D HEART F	OSPI	PROTHER INSTITUTION	12g USUAL OCCU (TYPE OF WORK FOR M Ret. Tea	OST OF WORKING LIE		BUSINESS OR
filled nould b	13e. S Ma j	ryland Al	Lega		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Barton	admission)	13d INSIDE CITY LIMITS? YES MO	Box 195	2152	1	
ond 2	Edv	THER'S NAME FIRST	MIDE	Bren			Isabella	MIDE	Broo.	ks IAST	
be exe on ond s. Page	(Y	AS DECEASED EVER IN U. ES, NO OR UNKNOWN) (IF Y		D FORCES? AR OR DATES)	21238560		Mrs Isabell			land, Md	
ng physica bon poper removal. c event, th		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED B	ne couse per Y: (AUSE (o)	Card		Failure			BETWEEN ON	ATE INTERVAL NSET AND DEATH
to the death of the other than the other transformer or other transformer.		Conditions, if ony, while gove rise to immedia cause (a), stating the underlying cause los	te ne	1b)	AS A CONSEQUE AS A CONSEQUE	ive	Myocondi.	ne drya	retui	10 d	ays
quires the signed hen plecto buriol hinry, or	NO		_ '	DITIONS CO	INTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C		EN IN PART 110	
rhe low re ion. In permit. I giene prior hows ony ir	CERTIFICATION	190 DATE OF OPERATION				OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF YE	, WERE FINDING YING CAUSES C S	
SICIAN. TI ng physicia certificate rrial-transit frem 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
r ottendir After this os the bull th ond M	WED	WHILE NOT WHILE AT WORK	-		EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITA	OR TOWN	COUNTY	STATE
ATTEND aspital a action of the		22a I certify that (1) (this sow the deceased alrobove, (1) (wo) (did) (c) 22b. SIGNATURE	ve on	9/1	3198	/	nd that in (my) (our) opinion of	death occurred on t	he date and hou	and from the co	
HOSPITAL OR ned by the h FUNERAL DIR I he detache the Stote Dep ORTANT: If he		22d. PHYSICIAN'S NAME	S(fa	ndhur	7	. ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN []	9 /a	1/84
o HOS		SIKANDER URIAL, CREMATION, REMO	SAND			IAME OF C	48 TARN TERF	RACE, FROS	STBURG,	MD 215	32
BP	(:	Burial		9/17/81	St	. Gal	riels Cemeter	y Barton			
OHMH - 16 50M 4/83 (VRA 15, 4)		neral director	Serv.	ice We	esternpor	t, Md	. 21562 SEP	E REC'D. BY REGIST	Luis Navy	MAR S SIGNATU	RE .



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	impletely filled in by the funeral director, page and 2 should be filed within 72 hours offer direct	exominer must be notified at once.
etained by the haspital ai attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burnal-transit permit. Then please remove corban pages I and 2 should be filed within 72 hours after directive with the State Dean of Health and Mental Hydrene prior to burnal, cremotion, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2 3

		REGISTRAR				CERTI	FICATE OF DEATH		REG. N	10.		
		EASED NAME	FIRST	,	WIDDLE		LAST	2a DATE O			DAY YEAR	2b HOUR
	(TYPE	OR PRINT) ELO	DISE	VIF	RGINIA	BU	JRKE	SEPTE	MBER	20,	1984	7:15 A _M
	3. SE>	(4 RACE			OF BIRTH	6 AGE (IN	YEARS LAST BI	RTHDAY)	MONTHS DAYS	
		emale		white		C	12-07-36 YEAR	48		YRS	5.	HOURS MIN.
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMO	RE CITY C	OR COUN	ITY OF DEATH	
5		MD (USA		WIDOW	ED DIVORCED		legan		untv	MD.
	10. CI	TY OR TOWN OF DEA	ТН		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL				OF BUSINESS OR
0		IBERLAND		MEMORIA	AL HOSP	ITAL &	MEDICAL CENTE	3	sewif	е	OWN	
3	13a S	AL RESIDENCE (IF NURSI	13b COUN	VTY	13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS	/ ZIP CO	DDE	
9	M		Alle	gany	Cumber	rland	YES 🔀 NO 🗌		Gleas	on S	treet 2	1502
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE		1.4	AST
H		William						ny Ulle	ry			
	16s V	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDR			
		no		·	220-32	-4703	William Bu	rke, Cu	mberl	and,		
		18 CAUSE OF DEATI	H (Enter or	ly one cause per			0	^	. 0	0 - 5		XIMATE INTERVAL ONSET AND DEATH
	li	PART I. DEATH W		D BY: TE CAUSE (a)	CAR	D16-	RESPIRA	TORY	H	RRE	5/	
1				DUE TO O	r as <u>a</u> conse	EQUENCE OF		-			10	
į		Conditions, if ony,		(b)_	ADV	ANCE	D METO	75TA	TIC	-	4+-	
		gave rise to imm cause (a), statin	nediote g the	DUE TO O	r as a conse	EQUENCE OF		BRE	ACT	-		
		underlying cause	last	(c)				101Cg	'' > '			
	7	PART 2 OTHER SIGN	IIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TER.	MINAL DISEAS	EORCON	DITION	GIVEN IN PART 1	la
_	CERTIFICATION							Total Total	0.0000		VEC LIVERE CO. IC	
2	ICA	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WE	HICH OPERATION	ON WAS PERFORMED	20a AUT	DPSY /	IN CER	yes, were find Tifying cause	S OF DEATH?
(RTIF							YES 🗌	NO		YES	NO [
7	1 1	21a. ACCIDENT WAS UND OR CONTRIBUTING ☐ C		110110 1		DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER N.	ATURE OF INJU	JRY IN ITEM 1	18 PART OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC			M.	19						
	EDI	214 INJURY OCCURR		21e PLACE	OF INJURY	FICE FARM ETC I	211 LOCATION		CITY OR TO	OWN	OUNIY	STATE
	2	AT WORK AT WOR	KK									
		22a I certify that (II	(this hosp	tal) attended th	e deceased fr	om		to			19	that (1) (we) lost
		aw the decease	d alive on	t) view the body	ofter death	19 c	and that in (my) (our) apinion	death occurre	ad on the d	late and h	nour and from the	e causes stated
		726 SIGNATURE	4	22	>		DEGREE				22c DAT	ESIGNED
		1	A.				ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSE	FF CIAN []	19/	120/84
		726 PHYSICIAN'S NA	ME	of element			Memorial Hos	spital	Med	lical	Ruildi	ng
		Dr. Qamar	Zama	n			Cumberland,	Maryla	nd	215	02	-0
	23a B	URIAL, CREMATION,				23c NAME OF	CEMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN		COUNTA	STATE
	É	Burial		09-22	2-84	Hillcre	est Burial Par	k Cui	mberl	and I	Allenany	/ MD
	24 FL	INERAL DIRECTOR					25a. D.A	TE REC'D. BY	REGISTRAF	256 REG	ISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

TO HOSPITAL

James F. Scarpelli, Cumberland,

SEP 24 1984 Julia Davidson Bindelle

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director, page 3 hours after death

n and completely filled Pages 1 and 2 should t

injury, or ather troumotic event, the medical exa

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛶 CERTIFICATE OF DEATH

3

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
1		EASED NAME FIRST	WIDOLE	l	AST	26 DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
1	(TIPE O	DOROTHY	ANN B	URKHA	יזיֹם	CITATION	. 22	1984	4:00PM
1	3. SEX		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
		FEMALE	WHITE	DEC	EMBER 30 1938	45	YRS.	NTHS DAYS	HOURS MIN
	7a. BIRT	INTRY	CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
		MARYLAND	USA	WIDOWE		ALLEGAN	ΙΥ		MD.
1	10. CIT	Y OR TOWN OF DEATH TO MT SAVAGE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCHEACHITY, GIVE STREET P.O. BOX	IG HOME C APDRESS) IF 604	DR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SCHOOL BUS	WORKING LIFE)	INDUSTRY	OF BUSINESS OR
2	USUAL 13a ST	RESIDENCE (IF NURSING HOME OR O ATE MD 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE EGALTY SAVA		YES NO 🗌	13e STREET ADDRESS P. O BOX	# 604	215	45
3	14 FAT	HER'S NAME ROBERT	S. KNIGHT	11-0	DOLLY	MIDOLE V.	PA	TRICK	T Y
٦		AS DECEASED EVER IN U.S. ARM S, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO.	17 INFORMANT	ADDRE	SS		
	(1.6.	NO	218-34-4	49/	RICHARD C BUR	WILADT DODOV	601. 31	2154	15 W
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NOTIFIED TIME TO E	NCE OF	NOT RELATED TO THE TERMI	Cauci Nal Disease or Cond			o'
	CERTIFICATION	90. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		_	OF DEATH?
	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART	(1 OR PART 2)	
		WHILE NOT WHILE AT WORK	21 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	ZIL LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
		27a. I certify that (I) (this haspital saw the deceased alive on above. (I) (we) (did) (did, not). 22b. SIGNATURE	19	, or	, 19				
		BU	agone m)	ATTENDING PHYSICIAN	MEDICAL STAF		9-5	74-84
		226. PHYSICIAN'S NAME (TYPE OR P	//		22e ADDRESS				
		DR GARY L.	WAGONER		925 BISHOP W	ALSH DRIVE (CUMBER	LAND,	MD.
	23a. BU (SPI	IRIAL, CREMATION, REMOVAL BURIAL	236. DATE 236. N SEPT 25 1984 RE		EMETERY OR CREMATORY WN CEMETERY	236 LOCATION CITY OR TOWN I.AVAT F ATT		DUNTY MADVI A	STATE

REST LAWN CEMETERY

DHMH-16 60M 1/73

retained by the hospital

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

24 FUNERAL DIRECTOR

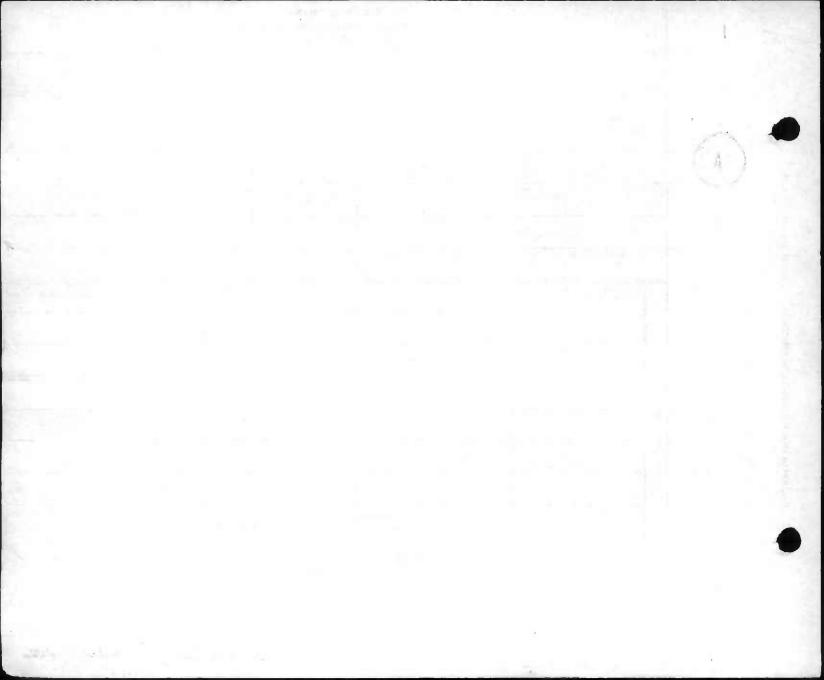
IMPORTANT: If Hem 21 is marked or Item 18 shaws any

(VR A 15 (4))

1984 SILCOX-MERRITT FUNERAL HOME CUMBERLAND,

234 LOCATION CITY OR TOWN LAVALE A MARYLAND ALLEGANY

250 DATE REC'D. BY REGISTRAN D. SEP 26 1984.



15M 2/80

STATE OF MARYLAND

V. Standard Co., Land Co.,

Will believe the plant

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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALTIMORE, MARITAND 21 ACT	10 HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 metarined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direction is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours it first dreath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IAPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other troumotic event, the medical econime, mush be housified of one.
	TO HOSPITAL O	TO FUNERAL DI should be detacl with the State Do	IMPORTANT: IF H

MIDD

DEPARTM	STATE OF M SENT OF HEALTH CERTIFICATI	AND N	ENTAL HYG	IENE	4	2	3	Ca	1 4	1
l E	LAST			20. DA	REG. I	MONTH	DAY	YEAR	Zb HOU	JR
derick	Davis	5		9-2	8-84				8:5	
	5. DATE OF BIRTH	-1		6. AGE	(IN YEARS LAST B	SIRTHDAY)	IF UN	DER 1 YEA	R IF UNDER	R 24 HRS
	MONTH	DAY	YEAR	_			MONTH	IS DAY	HOURS	MIN.
AT COUNTRY?	8 MARRIED N	19 JEVER M	1910	9 BALT	IMORE CITY			DEATH		
States	WIDOWED		ORCED [Allega	ny				MD.
PITAL, NURSING	G HOME OR OTH	ER INST	TUTION		UAL OCCUPA			b. KIND	OF BUSIN	ESSOR
eart Ho					etired		0 511 57		anese	Corp

(117)	E OR PRINT]	Earl	F	rederick	D	avis		9-28-8	4				8:5	52 app
3 SE	х		4 RACE		5. DATE C			6. AGE (IN YEA	RS LAST BIRTHE	DAY)	IF UNDER 1			R 24 HRS
	male		white	9	05		1910	74		YRS	MONTHS D	AYS	HOURS	MIN.
	IRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER /		9 BALTIMOR	CITYOR		OF DEAT	Н		
	Maryland		Unite	ed States			VORCED	All	egany					MD
_	ITY OR TOWN OF D	DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C			120 USUAL OF	CUPATION				F BUSIN	VESS OR
	tumberland			Heart Ho		1		reti		VORKING LI			nese	e Cor
USU	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			Le CYPET AS	DDECC / -		- /	31	150	7
136.	Md	Alle	egany	Cumber1		13d INSIDE C	NO 🎇	13e STREET AL 13432				wa	У	distant.
14 F	ATHER'S NAME		AIDDLE	LAS1		15. MOTHER:	S MAIDEN NA		MIDDLE			LAST		
		Davis	NIDDLE	CAST		1	Mary Go					IASI		
	WAS DECEASED EV		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRESS	Cum	berla	ınd	,Md	
,	Yes	, , , , , , , , , , , , , , , , , , , ,	r II	214-07-	1920	Mrs.	Clara D	. Rice,	Mr.	Warr				
	II CAUSE OF DE	ATH (Enter onl	y one couse per	line for (o), (b), one	digil		D- 4 /				BETW	PROXI	MATE INTE	ERVAL ID DEATH
	PARTI. DEATH	I WAS CAUSED IMMEDIATE		CARDIO	RES	PIRA	TORY	ARK	3					
			DUE TO, O	RAS A CONSEQUE	NCE OF	1 -								
	Conditions, if ony, which (b) ATHEROSCLEROSIS													
	gave rise to immediate course (10), storing the DUETO, OR AS A CONSEQUENCE OF													
	underlying couse lost (c)													
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ILO POLY KINS ON 1 1) THESE													
CERTIFICATION				Merce										
ŏ.	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	n was perfo	RMED	20s AUTOP			S, WERE FI FYING CAL			
J∄									NO	YE			NO [
	218. ACCIDENT WAS		216. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTERNATU	RE OF INJURY	N ITEM 18	PART I OR PAR	1 2)		
18	(IF EITHER, NOTIFY M			M.	19									
MEDICAL	21d INJURY OCC	URRED	21e. PLACE	OF INJURY	ARAM FTC)	211 LOCATIO			CITY OR TOWN	4	COUNT	Y		STATE
2	AT WORK AT	WHILE WORK		ter, meroni, ornice ii				01	1		-			
	220.1 certify that	(1) (this hospite	ol) attended th	e deceosed from_	9/	28	. 19		128		19_89		thot (I)	(we) lost
	sow the deceased olive on													
							DEGREE 22c. DATE SIGNED							
	W	W. Himo my				1	PHYSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIA	N	19	1:	281	184
1	22d. PHYSICIAN'S	22d. PHYSICIAN'S NAME (TYPE OR PRINT)				22e ADDRES								
	Dog IJ I	14 4 h				0004	G 1	77	a .			4		_

Dr. w. Hijab

909A Seton Drive, Cumberland, Md. 21502

23a. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Oct.1,1984 Burial

236 NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

23d LOCATION
CUITY OR TOWN
Cumberland, Allegany, Md State 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S NOWATURE

FOR STATE REGISTRAR 1. DECEASED NAME

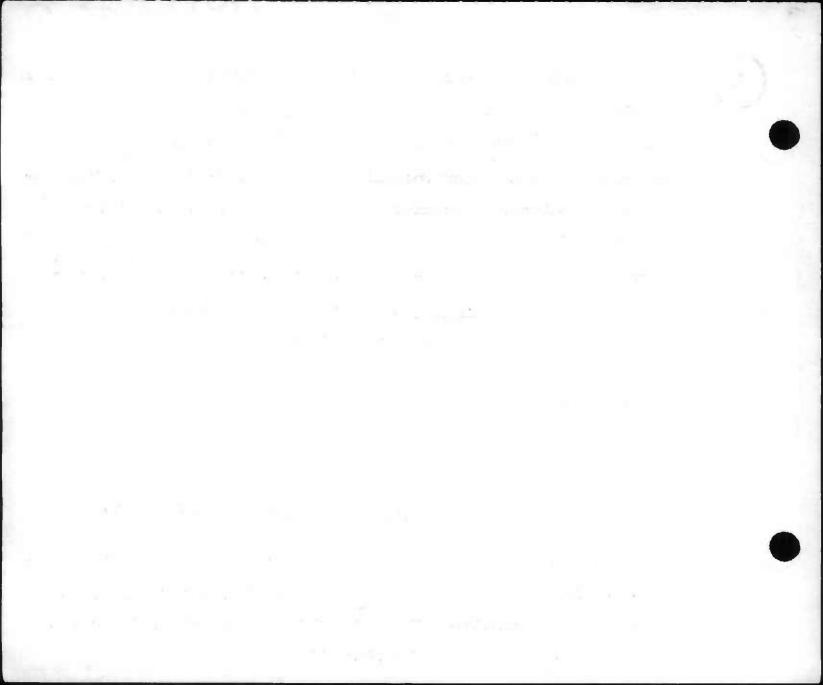
(TYPE OR PRINT)

FIRST

24 FUNERAL DIRECTOR
NAME James F. Scarpelli Cumberland, Md. 21502

DHMH - 16 50M 4/83 (VRA 15, 4)

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6			1 -	SCARPELL STATE 108 VIRG	INIA AVE	NUE DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENEZ 64	63	3 2	15	
/			1. DE	REGISTRAR CUMBERLAN		21502		IST ST	REG. NO	_	DAY YEAR	2b. HOUR	
2 '	of the			LONA	OLE	ETHA	D	AUM	SEPTEMBER		1984	8:10A M	
you.	0.0		3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5				female	white		05	-26-06 YEAR	78 9. BALTIMORE CITY OR COUNTY OF DEATH				
	1)	51		RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		ALLEGANY	COUNT	Υ,	MD.	
1		52	10. C	Cumberland	(IF NOT IN SUC	HOSPITAL, NURSINI HEACILITY, GIVE STREET A ED HEART I	DDRESS1	ROTHER INSTITUTION	176. USUAL OCCUPATION OF THE CONTROL OCCUPATION OCC			ital	
24 hou	ovid be	36	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 135 COUP MD ALLEGE				13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 28 Memori	zip cod	venue Ex	t.	
3 6	and 2 sh	0.17	14. FA	ATHER'S NAME FIRST Harmon Van				15 MOTHER'S MAIDEN NAM Daisy S	Stricker MIDDLE IAST				
ecuts secuts	1 Sad	7		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	17 INFORMANT	ADDRE					
7	0 - 1 1 - 1			no		4180389	75	th Karabano	banoff, Baltimore, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
that the death certifical	d by the attending physic lease remove corbonpope iol, cremotian, ar remaval			18. CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	ointestind	Bleedir	^	66.197E(XX	JOSE AND DEATH	
aw requires	rmit. Then p prior to bur	9	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDI	Frilar	و ا		206 AUTOPSY?	206. IF YE	A WOW S, WERE FINDIN JEYING CAUSES	IGS USED	
The l	nsit pe		RTIFI						YES NO	Y	ES 🗌	NO 🗌	
SICIAN:	buriol-transi Mental Hygi	9	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 1B	PART 1 OR PART 2)		
offendi	tter this as the but th and M	5	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY BEET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITRO PTIC	WN	COUNTY	STATE	
270.1 certify that (I) (this haspital) attended the deceased from Sept. 10, 1984, the saw the deceased alive an Sept. 1984, and that in (my) (aur) opinion death occurred an the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and that in (my) (aur) opinion death occurred and the date and have and from the carbon, 1984, and									that (I) (we) last causes stated				
	detached			27h SIGNATURE Wally S	Hir	10, r	w)		MEDICAL STAF	F IAN 🗌	911	6/84	
	should be determined with the State C			WALLY S. HI				909-A SETON		BERLA	AND, MD	21502	
BP_	- 76 3 3		23a. E	BURIAL, CREMATION, REMOVAL BUTIAL	23b. DATE 09-17-			EMETERY OR CREMATORY St Burial Park	23d LOCATION CITY OR TOWN CUMberla	and A	llegany	MD STATE	
DHMH - 10 (VRA	6 50M 4/1 15, 4)	33		uneral director James F. Scarpe	lli, Cun	***		25a. DATI	REC'D. BY REGISTRAR	25h. REGIS		URE	

#		STATE 230 E	TAM .	UNERAL N ST.	DEP	ARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. 1		. / 0
. m.e		CEASED INAME	FIR51		MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY Y	EAR 2h. HOUR
y be			VIRGI		MARIE		AVY	SEPTEMBER		7:30P M
	3 SE	K		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B		DAYS HOURS MIN.
- 6 6 A)		Female		White			st 18,1912	72	YRS.	
4 10		RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8. MARRIE!	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	тн
8 11 62		WV		u.S.A.		WIDOWE		ALLEGANY		MD.
by the filled will	Cu	TY OR TOWN OF DE mberland	4	SACRE	CH FACTERTY, GIVE	T HOSPITA	R OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST COOK	OF WORKING LIFE) INDU	IND OF BUSINESS OR STRY School D&B
AND 212 24 hour filled in could be	13a. S	AL RESIDENCE (IF NUR TATE WV	Hamps	TY	13c CITY OR		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS Rur		99999
Arthur Sah	14. FA	THER'S NAME		WIODIE	LAS	T	15. MOTHER'S MAIDEN NA	AME		LAST
MAN be do		John		W.	Ganoe		FIRST Rosa	Middle	Bell	IA31
ORE, wecut and co ges I dicol	16a V	VAS DECEASED EVER		MED FORCES?	1-11	SECURITY NO.	17. INFORMANT	ADDI		
Do on or Pog	<u></u>	ves, no or unknown) NO	1		232-62	2-6368	Wildia M. Ta	mez, P. O.		PPROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician. The this certificate been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove corbanopers. Pages 1 and 2 should be lift to and Amental Hygiene prior to buriol, cremotian, or removal. The new Amental Hygiene prior to buriol, cremotian, or removal.	z	Conditions, if ony gove rise to im cause (o), stati underlying cause	IMMEDIATI	DUE TO, C	DR AS A CONS	GEOVENCE OF SEQUENCE OF SEQUENCE OF	NOT RELATED TO THE TER	minal Disease OR COM	Laulique NDITION GIVEN IN PA	Martle
The low requirements of presents of the present of the presents of the presents of the presents of the present of the presents of the presents of the presents of the present of the presents of the present of the present of the presents of the present of the presen	CERTIFICATION	19a DATE OF OPERA				HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	206. IF YES, WERE F IN CERTIFYING CA YES [NO [
JAN: JAN: physical life and li		2 to ACCIDENT WAS UN		110110 4	JE INJURY .M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PA	RT 2)
N OF	MEDICAL	(IF EITHER, NOTIFY MED			OF INJURY	19	211 LOCATION			
ISIO Transfer this The bond A	ME	west [] NOTW	max []	(AT HOME, ST	TREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	U con on t	GMM CIOCH	STATE
DIV Or of Or of Afte				Onder of	he Accessed t	A	10 8	1)	14 680	that (1) (we) lost
OR: OR: OR: The		27x I certify that (I saw the decea	ed give un	1000	2119	198CL . or	d that in (my) (our) opinion	death occurred at the	ate and hour and Ira	
to R ATTEI the hospita to DIRECTOI tacked for to Dept. of L		22h SIGNATURE	edict spid not	Tvigw the body	S C		DEGREE	9	AFF C	DATE SIGNED
D HOSPITAL Holined by th D FUNERAL With the Store	1	THE PHYSICIAN'S N	AME ITHE O	referi	T		22e ADDRESS	DIRECTOR PHYS	ICIAN []	
HOSP To FUNE With the S	L.	DR. SPI	CCLE	()	01		DMC 010 CE	TON DOTA	CLAVDED! AND	ND 01500
44999 X	23a. E	BURIAL, CREMATION SPECIFY Buria	, REMOVAL	236. DATE 9/17/8	34		BMG, 912 SE EMETERY OR CREMATORY Or Cemetery	23d LOCATION CITY OR TOWN ROMNEY	CUMBERLAND Hampshire	
1 100	24. FI	JNERAL DIRECTOR	_	S. Sha				TE REC'D. BY REGISTRA		
DHMH - 16 50M 4/83 (VRA 15, 4)		affer Fun	eral H	lome. In	ac. Rom	nev. WV			r. 70	3.00
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corbonpopers. Pages 1 and

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	STATE REGISTRAR				CERTIF	ICATE OF	DEATH	0	REG. N	10.	0 6.			
I. DECE	ASED NAME	FIRST		MIDDLE	l.	AST		20 DATE	OF DEATH	MONTH	DAY YE	AR 2	HOUR	
TITPE OR	(PRINT)	ESTHER		J.	DC	ERR		SEI	PTEMBE	R 21,	1984		2:55	
3. SEX		- 4	RACE		5 DATE C			6 AGE	IN YEARS LAST B	RTHDAY)	IF UNDER 1		F UNDER 24 H	
	female		Whit	6	9	27	18		65	YRS	MONTHS	DAYS	HOURS M	
	HPLACE (STATE	OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	□ NEVED	MARRIED 3	9 BALTI	MORE CITY	OR COUNT	Y OF DEAT	Н		
	ew Yor	k	U.S.	Α.	WIDOWE		NARRIED T		Alleg	gany	y			
	OR TOWN OF		1. NAME OF	HOSPITAL, NURSIN		OR OTHER IN	STITUTION		AL OCCUPAT	ION			O OF BUSINESS OR	
C	UMBERLA	ND	MEMO	RIAL HOSE	PITAL				cher	OF WORKING		hoo	1	
USUAL 13a STA		NURSING HOME OR C		GIVE RESIDENCE BEFORE		A 124 INICIDE	CITY LIMITS?	112 STREET	T ADDRESS	/ 7IP COL	ne .			
-	rvland		gany	Frostby		YES 😓	NO []		McCu			215	32	
	HERSNAME				4.6		S MAIDEN NA							
Α	rthur	M	IDDLE .	Doerr	•	1.43	lian		MIDDLE	1	Johns	On		
160 WA	S DECEASED E	VER IN U.S. ARM		166 SOCIAL SECU		17 INFORM			ADD					
(YES	, no or unknown	i) (IF YES, GIVE	WAR OR DATES	076-20-	-4614	Mrg	Isabe]	130 6	huntar	e. Fre	stbu	rg.	Md.	
		immediate tating the ause last	(c)_	OR AS A CONSEQUE	ence of		CA.			NDITION G	IVEN IN PA	RT Ira		
ATION														
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		CAUSE OF DEAT		DF INJURY M. MONTH D. .M	AY YEAR	21c HOW	njury occur	RED (ENTE	R NATURE OF INJ	URY IN ITEM 18	PART LOR PAI	8T 21		
ME	MHILE NO	URRED		OF INJURY REEL FACTORY OFFICE F	FARM ETC.)	21f LOCAT			CITY OR T	OWN	CORM	14	STATE	
l 1-			al) attended t	he deceased fram_			19	ta			. 19	th	at (l) (we)	
1 1	saw the de	eased alive		19			y) (our) apinion		rred on the	date and ho	aur and fran	n the ca	uses stated	
2	22b. SIGNAPORE	ve),(did) (de vi)	We the body	effer death.		DEGREE	ATTENDING PHYSICIAN [MEDIC		AFF ICIAN []	226 [DATE SI	GNED 2/8	
2	224. PHYSICIAN'S NAME (T OR PRINT)					27e. ADDRESS Memorial Hospital Medical Building								
1 1	DR. OAMAR ZAMAN					Cumberland Maryland 21502								

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is should be detached for with the State Dept of t

> Burial 24. FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

236 DATE 9/25/84

23c NAME OF CEMETERY OR CREMATORY Sleepy Hollow Com

STATE

57 Frest Frestburg Durst Funeral Home

Com Tarrytown, New York

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

SEP 26 1984.

The state of the s understand and additional and an artist and an artist and an artist and an artist and artist

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENT		REG. NO	2 3	2/	d
	CEASED NAME OR PRINT)	FIRST	M	WIDDLE	DUV	ALL		20 DATE OF DEATH SEPTEMBER	6, 19	984	26 HOUR 2109 PM
3. SE	FEMALE	4	CAUCAS	ION	5. DATE C		YEAR 10	& AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR F OUNTRY) est Virgin		75 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OF ALLEGHENY		OF DEATH	MD.
	CUMBERLAND)	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A MEMORIAL HOSPI			TED BLDG.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife	ON Working Life)	12b. KIND C INDUSTRY In O	of Business or wn Home	
13a S Ma	AL RESIDENCE (IF NUR: STATE ryland	13b COUNT Alleg	Υ	GIVE RESIDENCE BEFORE 13c CITY OR TOW Cumberla	N	13d. INSIDE CITY LI YES 🛣 NO		13. STREET ADDRESS 207 West	Indust	rial B	21 <i>5</i> 02
	Vause	L. Ell		LAST				belle Fleek		LAS	
	VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE V		220-10-7		MEMORIAL	HOSP	YITAL Cumbe	ary Be	Md. Da	ughter
	18 CAUSE OF DEAT PART I. DEATH W	M (Enter only VAS CAUSED MMEDIATE		for tal, this and	Spu	lononar	a	nest		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA					y ath	THE TERM	2 clary 2	DITION GIVE	ye.	ans
MEDICAL CERTIFICATION				Aus (Telly	estrus 1	teau	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
ICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	Ρ.	m. month da m.	YEAR		Y OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	RT 1 OR PART 2]	
MED	21d. INJURY OCCUR WHILE NOT WAT WORK AT WO	HILE [21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	22a. Leartify that (II saw the decease above, (I) (we) (22b. SIGNATURE	view the body			DEGREE ATTEN	9 DING	, to	te and hour			
	DR. M	AME (TYPE OR F	,			22e. ADDRESS 9/25	eter	Do Cum	porle	~ m	0
(Burial, CREMATION, SPECIFY) Burial		23b. DATE Sept. (EMETERY OR CREM	Ceme				gany, Md.
24 F	NAME J AMES	F. Sca	rpelli	Cumberla	nd,Md	. 21502	250. DATE EP 1	E REC'D, BY REGISTRAR	TSB REGISTR	AR'S-SIGNINT	URE

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haif the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

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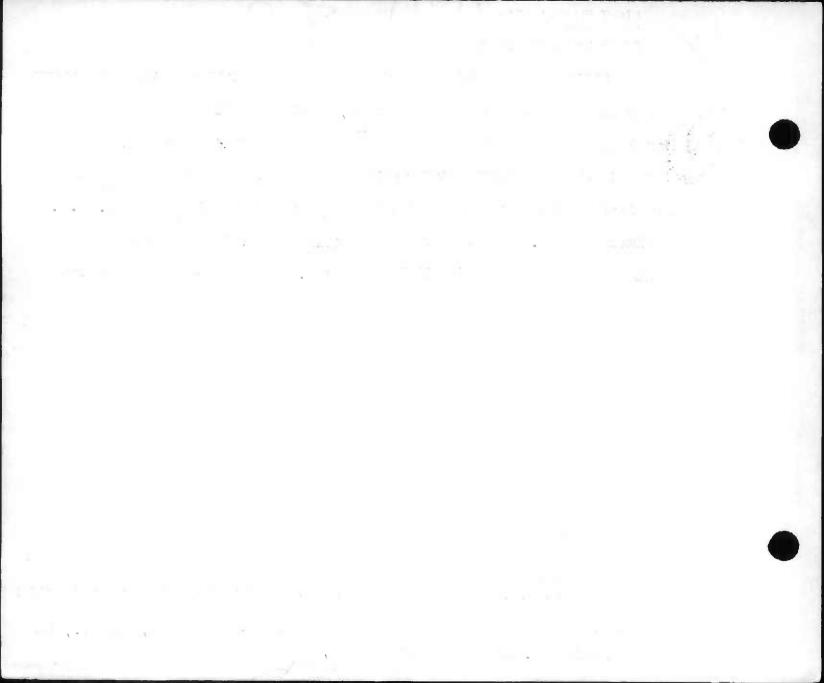
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carbonoppers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3

w 1	1	KIGHT FUNERA			STATE	OF MARYLAND					
	1	FOR 309 DECATOR	STREET	DEPARTA		EALTH AND MENTAL HYG	IENE	2 3 2	1 9		
/M		REGETIMBERLAND,		2	CERTIF	ICATE OF DEATH	REG. NO	0.			
/	1. DEC	CEASED NAME FIRST	M	IDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR		
	1	DORIS		JEAN	EH	RESMAN	SEPTEMB	ER 11, 1984	11:25Pm		
	3. SEX	(4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYE			
1		Female	White		Apr		51	YRS			
34/	7a. BII	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
3/1		aryland		SA	WIDOWE	D DIVORCED	ALLEGANY		MD.		
副门	-	TY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE) INDUSTE	O OF BUSINESS OR		
00		umberland		D HEART		TAL	Housewif				
36	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	1TY	13c. CITY OR TOW	13d INSIDE CITY LIMITS?		13e.STREET ADDRESS	ZIP CODE	502		
\$U/			gany	Cumber	land	YES NO X		llard St.	S.W.		
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2//	14 10	Elmer C	wen concess I	Powers	Powers						
medico			E WAR OR DATES)			- In the order					
E /	No 216301723 Ealr S. Ehresman - same a								DOVE		
ant, t		PART I. DEATH WAS CAUSE	D BY		O D	ESPIRATOR	Y ARRES		EN ONSET AND DEATH		
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mat		Condition of the last	DUE TO, OR	AS A CONSEQUE	NCE OF V	F BILATE INFLAM	-RAL				
r trot		Conditions, if any, which gave rise to immediate	(D)		00//	+ NIEI AM	MATTIPY 1	REAST CH	7		
other		couse (a), stating the underlying couse last	DUE TO, OR	as a conseque	NCE OF	INTLI"	771701017	100,00			
7, 0,		PART 2 OTHER SIGNIFICANT (ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	lo		
injur	N O										
ou C	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS			
shows	E						YES NO	YES	NO [
18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF	INJURY A. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM IS PART I OR PART 2	2)		
Hem	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.A		19			- -			
o p	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE		
marked	`	WHILE NOT WHILE AT WORK									
. 1/2		220.1 certify that (I) (this hospi		deceased from_		. 19	to		, that (I) (we) last		
2 2		saw the deceased alive an above, (1) (we) (did/(did/no	t) view the body o	ofter death.		d that in (my) (our) opinion o	death occurred on the do				
IMPORTANT: If Item		274 SHISMATURE	us		N	ATTENDING PHYSICIAN Z	MEDICAL STAR	F 9	13/84		
TAN		224 PHYSICIAN'S NAME	FRINTS			22e ADDRESS			1		
POA /		QAMAR ZAMAN,	M.D.			MEMORIAL MEI	DICAL BLDG,	CUMBERLAND	, MD 21502		
₹	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23€ №	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE		
_		Burial	9/15/	'84 Hi	llcr	est Burial	Cumber 1	and Alle	ea MD		
4/83	24 FU	INERAL DIRECTOR	C Kiwl	ADDRES T	ımbor	land, MD	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE		
		NAME William	G. KIGI	10 01	Mimer	Land, T	CD 4 7 100/	- Alla Lands	en Block no		

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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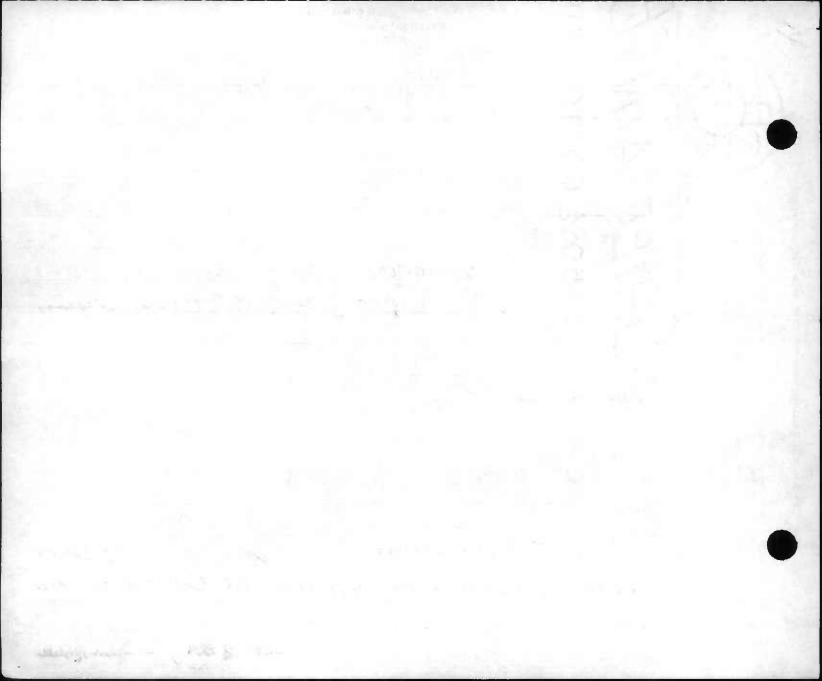
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FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Gillum 09 - 27 - 84Kenneth 10:30a " Norval 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 10-1909 YEAR male white TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany County O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Rt. 3 Box 313 Bedford Road TYPE OF WORK FOR MOST OF WORKING LIFE) Cumberland railroad SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Cumberland 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD Allegany Rt. 3 Box 313 Bedford Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry C. Gillum Myrtle Viola Henderickson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 1214-05-7652 Nora Gillum - Cumberland, MD - wife 18 CAUSE OF DEATH Enter only one couse per lipe for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES T 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) COUNTY AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from. sow the deceased alive on ______above, (I) (we) (did) (did not) view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated should be detach ATTENDING STAFF FUNERAL PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MEGRIAND MD MAZZOCCO 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 9-30-84 Sunset Memorial Park Cumberland Allegany MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 735 FREGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) OCT James F. Scarpelli, Cumberland, MD 21502 www. www. gandell

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STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	2 3 2	0 4		
		EASED NAME FIRST	MIDDLE	1	AST		DAY YEA	R 2b. HOUR		
	(TYPE (INEZ	MARIE	G1	LENN	September 2		3:20 M		
١	3. SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI				
	4	female	white		-22-1926 YEAR	58	YRS.			
Н	7a BIR	THPLACE (STATE OR FOREIGN 7	LUSA	MARRIE	D 🖾 NEVER MARRIED 🗔	9 BALTIMORE CITY OR COUNTY OF DEATH				
И				WIDOWE		Allegany		MD.		
s			1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W housewife	ORKING LIFE) INDUST			
4	and the same of th	mberland L RESIDENCE (IF NURSING HOME OF C	Memorial Hosp	.&Medica	al Center	own	home			
	13a. S1	TATE 136 COUNT	Drive 21.	502						
11	14. FA1									
f		Arthur W. Le	BWIS	51	Mary]	Inez Ludwig		IAST		
		AS DECEASED EVER IN U.S. ARM	WAR OR DATES	SECURITY NO	17 INFORMANT	ADDRESS				
		no	212-22	-2669	James C. Gle	enn, Cumberla		husband ROXIMATE INTERVAL EEN ONSET AND DEATH		
-	CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse to!, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (c)	G TO DEATH BUT	ulmona	120 AUTOPSY? 12	ION GIVEN IN PAR ON LOS OD. IF YES, WERE FIN N CERTIFYING CAU	DINGS USED		
	RTIF	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURRE	YES NO	YES 🗌	NO 🗌		
1		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH		THE HOW INJOK! OCCORRE	ED LEWIER NATURE OF INJURY IN	TIEM IS PART I OR PART	2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION	==_				
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY O	OFFICE FARM ETC.)	STREET	CITY OR TOWN	(OUNTY	STATE		
		22a 1 certify that in (this hospital saw the deceased alive on bove, (1) (see (did) (shift no))	01271		nd that in (pV (our) apinion d	eath occurred an the obte	and haur and from	that I (we) last the causes stated		
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 126. ADDRESS 226. ADDRESS										
	1	Dr. S. Nathan			Medical Bldg.	,Memorial Ho	osp.& Med	. Cntr.		
٦	23a. Bl	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	Cumberland. N	23d LOCATION				
	{5	Burial	09-29-84	Davis	Memorial Cem.	Cumberland	d Allegan	y MD STATE		

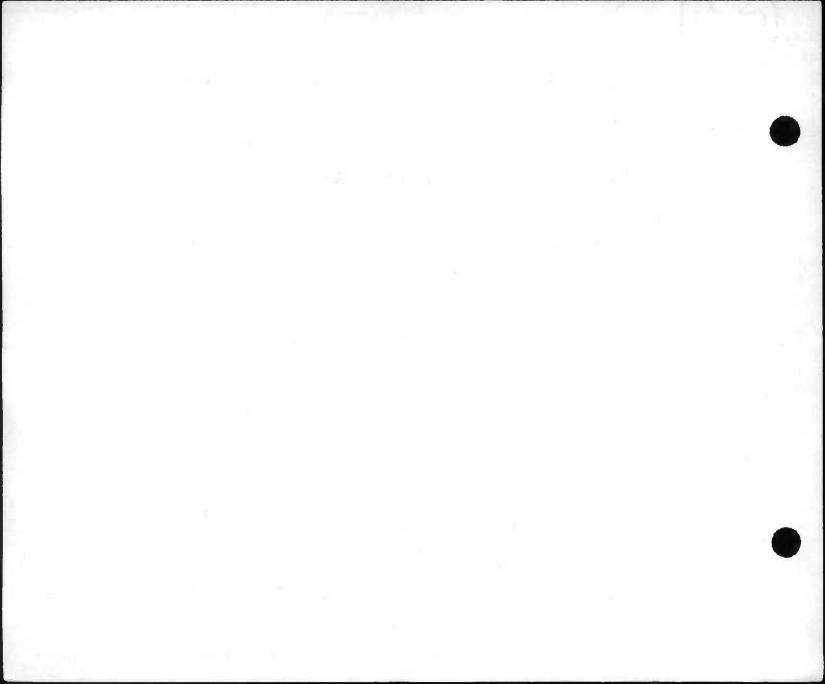
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health IMPORTANT: If Item 21 is

James F. Scarpelli, Cumberland, MD 21502

Davis Memorial Cem. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

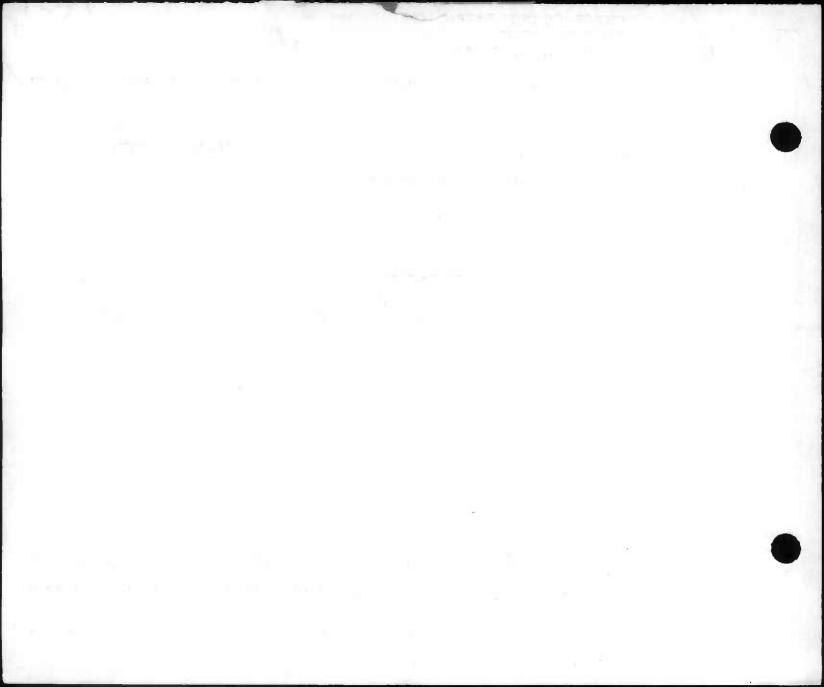
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_	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. By the housed on optending a busished
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24
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DE V	-		3. SE)			RACE	NIV.	5. DATE C		6	AGE (IN YEAR		IDAY)	IF UNDER TYEAR	# UNDER 24 HRS
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000	A	1	Je BII	RTHPLACE (STATE OR			WHAT COUNTR	2Y2 8		9				Y OF DEATH	
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≯	ond	10/6	1	Walter	AA II	DDIE	Card	o h	Mary		,	MIDDIE		wilh	elm
ecute	o - C	icok		AS DECEASED EVER			166 SOCIAL SI		17 INFORMANT			ADDRES	55		
e e	Poges	medico	(1	ES, NO OR UNKNOWN)	(IF YES, GIVE V	AR OR DATES)	216-3	0-1620	Mary Buc	u-Add	ress so	ame o	us #1	13 above	•
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T e	the rem	er fr		gave rise to im cause (a), statu	ng the	DUE TO, C	R AS A CONSE	OUENCE OF							
ā	d by lease	ara fa		underlying cause	last	(c)_									
Orres	en p	7,	z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBUTING '	TO DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE (DR COND	ITION G	IVEN IN PART 1	a
ē	rt. Th		CERTIFICATION	19a DATE OF OPERA	TION	TIAL CONE	NITION FOR WH	ICH OBERATIO	N WAS PERFORMED	0	20a AUTOPS	C V 2	201 IE V	ES, WERE FINDI	NCS HSED
<u>a</u> _	os p	30 5	FICA	196 DATE OF OPERA	TION	140 CONL	THON FOR WH	ICH OPERATIO	N WAS PERFORMED	D		-	IN CERT	IFYING CAUSES	OF DEATH?
Cipr	nsit p	2 2	ERT	210. ACCIDENT WAS UN	DERLYING	21b. TIME C	DE IN ILIRY		21c HOW INJURY	OCCUPPE		19(X		/ES []	NO 🗌
phys	I-froid	18		OR CONTRIBUTING		HOUR A	.M. MONTH	DAY YEAR	THE THOU IN SORT	OCCORRE	D TENTER NATUR	C OF INJOH	T IN TIEM TO	TARTI OR FARTES	
Ing I	ourio Man	H H	MEDICAL	(IF EITHER NOTIFY MED	-		OF INJURY	19	211 LOCATION						
Hend	the b	edor	MEI	WHILE NOT W	HILE		TREET FACTORY, OFFI	CE FARM ETC)	STREET			CITY OR TOW	٧N	COUNTY	STATE
Z	Afte os	and the state of t		220. certify that (1)	ORK	attended t	he deceased fra	m	16	X	in (9-1		10 84	that (I) (we) last
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hosp	RECT led for	e 3		above, (1) (we) (22b SIGNATURE	did) (dud nat	iew the bady	y after death.		DEGREE		/			22c DATE	SIGNED
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2 0	VERA be de	A N		22d. PHYSICANS N	AME ITTEGER	1	- / -		22e ADDRESS	ICIAIN I	DIRECTOR	FILISIC	IAIN L		
etoined	FUN d bloc	MPORTAN		GARY WA	GONER.	M.D.			925 BISH	OP WA	LSH RO	AD,	CUMBI	ERLAND,	MD 21502
e o	5 Å	¥ /		URIAL, CREMATION,		23b. DATE	1 2	31 NAME OF C	EMETERY OR CREM		23d LOCATI	ON			
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	16 50M	4/93	24 FU	INERAL DIRECTOR (Beorge-	Upchw	ich Fune	ral Hon	ne, P.A.	25a. DATE F	REC'D. BY REC	SISTRAR 2	Sh/REGIS	STRAR'S SIGNAT	NURE
	A 15, 4		20	Director (2 Greene :	Street-	Cumber	land, N	ld. 215	502	SEF	104	384	Tulla	rsDivitation-	Manager
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GEORGE-UPCHURCH FUNERAL HOME STATE OF MARYLAND



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC	NO				

	1 -	STATE REGISTRAR			DEI ARTI		CATE O	DEATH	OIL I	REG. NO.	. 1	U 24 9	,		
1		EASED NAME	FIRST	-	MIDDLE	17	AST		2a DAT	E OF DEATH MO	нтис	DAY YEAR	26 HOUR		
	(TYPE	OR PRINT)	JOSEPH	W	AYNE	HA	YHURS	Γ		eptember			2:05	AM	
	3. SEX			4 RACE		5. DATE O		W6 40	6 AGE	(IN YEARS LAST BIRTHD	AY]	MONTHS DAYS	HOURS M	IRS	
		Male		White		April 30, 1917				67 yrs					
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	XX NEVE	R MARRIED		IMORE CITY OR	COUNT	Y OF DEATH			
/		Pennsylv		USA		WIDOWE	D 🗌	DIVORCED [) A	llegany				MD.	
		TY OR TOWN OF		11. NAME OF I	HOSPITAL, NURSIN	G HOME O	R OTHER IN	ISTITUTION		JAL OCCUPATION		UFE) INDUSTRY	F BUSINESS		
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-	USUA 13a S	L RESIDENCE (# N	URSING HOME OR		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e STRI	EET ADDRESS / Z	IP COL	Road	Jept.		
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7	14_FA	THER'S NAME		WIDDIE	LAST		15 MOTHE	R'S MAIDEN N	AME	MIDDLE		LAS	т.		
				Hayhurs				Helen 1	Crout	Millott		in.			
_	16a W	AS DECEASED EV	ER IN U.S. AR.		16b SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRESS					
١	(Y)	Yes	War	II	214-05-9	577	Mrs.	Martha	a Elis	zabeth Ha	iyhu				
		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), joi, and	dien.	00	1 0	er / 1	X.160	0-1	BETWEEN	MATÉ INTERVAL ONSET AND DEA	ITH.	
		PARTI DEAT		E CAUSE (o)	H G	TF	174	6CAKDI	AL	ZNEHK	(7)	CN			
	lí			DUE TO, O	R AS A CONSEQUE	NCE OF		1	11-						
	ш	Conditions, if a		(ıb)			Cron	an Sti	En Dis	ican .					
		gove rise to		DUE TO, OI	R AS A CONSEQUE	NCE OF	_	/	/ _						
		underlying co	use lost	(c)											
	z	PART 2 OTHERS	IGNIFICANTO	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELAT	ED TO THE TER	MINAL DIS	SEASE OR CONDIT	ION G	IVEN IN PART 110	3		
	2	1/1	from	Ripher	Varint	- de	years	Herel	201	ufficien.		ES, WERE FINDIN	IOC HOED		
7	CERTIFICATION	190 DATE OF OPE	MION	195 COND	ITION FÖR WHICH	OPERATIO	N WAS PER	FORMED	200 /		N CERT	IFYING CAUSES	OF DEATH?		
-	ERT	210. ACCIDENT WAS	UNDERLYING F	7 21b. TIME O	F IN ILIRY	-	121c HOW	INJURY OCCU	PRED (SAIT	IER NATURY DE INJURY I		YES []	но 🗌		
		OR CONTRIBUTING		110110	M. MONTH DA	YEAR			THE TEN	THE THE STATE OF T	411[711.10				
	MEDICAL	21d INJURY OCC		21e PLACE		19	211 LOCA	TION							
	ME		T WHILE		REET FACTORY OFFICE F.	ARM ETC)	STR	EET		CITY OR TOWN		COUNTY	STATE	:	
		AT WORK AT	WORK									-10	1		
		sow the dec	eased alive on		e deceosed from		d that in (n	, 19 ny) (our) opinio	n death oc	curred on the dote		19			
		obove, (I) (w	e) (did) (did no	t) view the body	ofter death.		DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				22c DATE			
		ITE SIGNATORE	W.M.				M-D	ATTENDING	MEDIO	CAL STAFF TOR PHYSICIA		9	112/01	U	
_		22d. PHYSICIAN'S	MAME THE	OR PRINT)			22e ADDF		/			dd o o 1 D 1	1//17		
		Dr. N.				Cumberland, MD 21502									
-	23a D	URIAL, CREMATIC			71. h	IAME OF C	EMETERY	R CREMATORY		OCATION	JUZ				
	230. D	SPECIEVI	JIN, KEMOVAL	230. DATE	1 236 1	WAIT OL C	CHETERIC	A CREMATORY		CITY OR TOWN		COHNTY	STATE		

DHMH - 16 50M 4/83

retained by the hospital or

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon popels. Pages I and 3 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the

(VRA 15, 4)

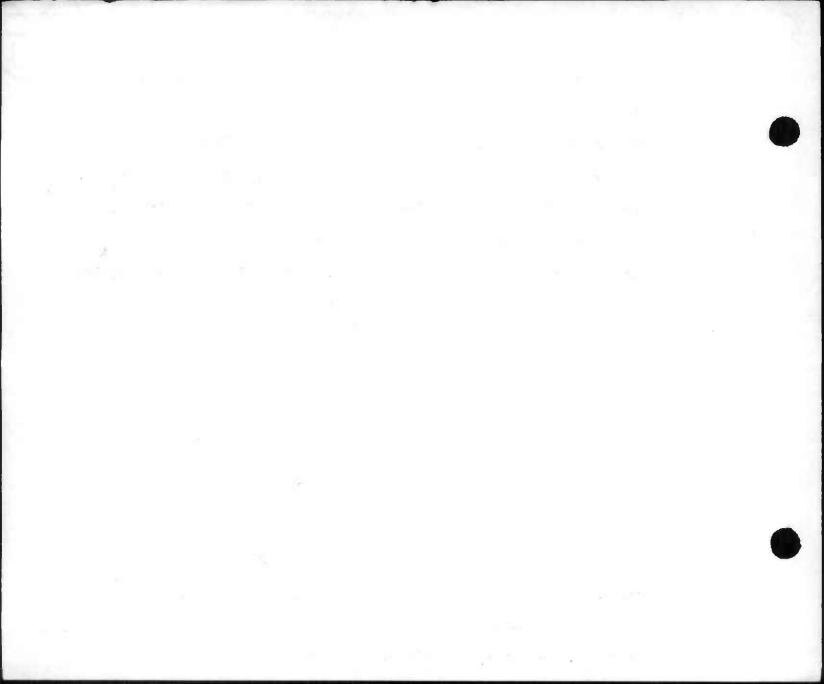
Burial 9-19-1984

Rocky Gap VA Cemetery Near Cumberland, Alleg.Md

Sports Park Registration County Count

24 FUNERAL DIRECTOR James F. Scarpelli.

Cumberland, Md. 21502



MENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	14
CE	RTI	FIC	ATE	OF	DEATH		1

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL	HYGI	REG. NO	0 g €-•	3	2	3 3
	CEASED NAME	FIRST	,	MIDDLE	£/	ASI		20. DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR
(1177		LDA	BEI	LVA	HE	NGST		Sept. 16.	1984			2:30p.M
3. SE	X		4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIRT	HOAY}		DERTYEAR DAYS	IF UNDER 24 HRS HOURS MIN.
	Female		Caucas	sian	09/	23/25 YEAR		58	YRS.	MONTH.	DATS	HOURS MIN.
	IRTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED		9 BALTIMORE CITY OF				
	Pa.		US	A	WIDOWE			Allegan	У			MD.
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INSTITUTION		12a USUAL OCCUPATION			DUISTRY	F BUSINESS OR
	Cumberland	- 1				d Med. Cent	er	Waitress	***********	.,	Rest	aurant
	AL RESIDENCE (IF NURSI STATE A	Bedi	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMIT YES NO		13. STREET ADDRESS /	ZIP 600	E	90	9999
74 F	ATHER'S NAME		WIDDIE	1 457		15 MOTHER'S MAIDEN		AE MIDDLE				
	Otto		T.	Burkett	,	S ara l	n	M.		Cl	ites	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS		. 1	5545
1	no	(# 123, 014	E WAR OR DATES	196-14-7	5/8	Clarence W	V. 1	Hengst, R D	1, H	lynd	lman,	Pa
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one couse per D BY:	line for sol, (b), and	ard	ral ta	ć	une		F	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony,		DUE TO, OI	AS A CONSPONE	NCLOE	jocardi	al	Infare	non			
	gove rise to imm cause (0), stating underlying couse		DUE TO, OI	AS A CONSEQUE	NCE OF	y are	r	y disea	ese			
NO	PART 2 OTHER SIGN	VIFICANT (CONDITIONS <u>CC</u>	DNTRIBUTING TO [DEATH BUT	NOT RELATED TO THE	TERMI	inal disease or cond	ITION GI	VEN IN	PART 10	a
CERTIFICATION	190 DATE OF OPERAT	NOI	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO X	IN CERTI			OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	(IM	M. MONTH DA	AY YEAR	21c HOW INJURY OC	CURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I O	OR PART 2]	
MEDICAL	21d INJURY OCCURR	ILE 🗆	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET		(117 08 107	VN	C	OUNTY	STATE
	22a L certify that (I)	(this hospi	tal attended th	e deceosed from_				to		19		that (1) (we) lost
	saw the decease above (1) (we) (a			after death.	an	nd that in (my) (our) opi	inion d	leath occurred on the do	te and ho	ur and	from the	causes stated
above (1) (we) (did) (did not view the body after death. 221 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR									F IAN []	7	22c DATE	SIGNED

TO FUNERAL DIRECTOR should be detoched MAPORTANT. IF HE DHMH - 16 50M 4/83

(VRA 15, 4)

MD PA DATE 9/19/84

23c NAME OF CEMETERY OR CREMATORY

Memorial Hospital, Cumberland, Md. 23d LOCATION

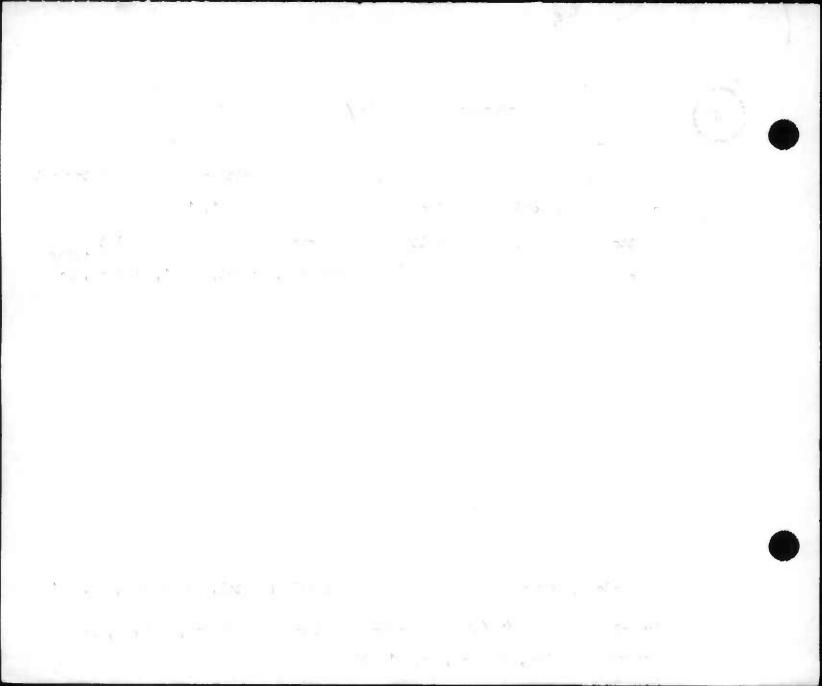
Hyndman Cemetery

21502

STATE

Hyndman, Bedford, Pa

Harvey H Zeigler, Hyndman, Pa. 15545



OR ATE GISTRAR	STATE OF DEPARTMENT OF HEAR MEDICAL EXAMINER'		202	2 3 0
ASED NAME FIRST OR PRINT) EZTA	John Hi	zgs	20. DATE KNOWN MON OF ESTI- DEATH MATED 29	10 1984 5.A
le White	S. DATE OF BIRTH MONTH DAY Dec. 1,1909 AGE (IN YEARS I LAST BIRTHDAY) 74 YRS.	UNDER 1 YR. IF UNDER 2	MIN. PRONOUNCED 9	10 1084 740
HPLACE (STATEOR GN COUNTRY) Virginåa	U.S.A. WIE	ARRIED NEVER MARRIE	Allegany	M
rostburg	11. NAME OF HOSPITAL, NÜRSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rt. 3, Box 293	other institution	12a. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY Auto Co.
ryland Alle	rother institution, give residence before admission; Y 13c. CITY OR TOWN Rany Frostburg			3, 21532
HER'S NAME FIRST &SPOT	MIDDLE LAST Higgs	15. MOTHER'S MAIDER	ne Tho	mp son
S DECEASED EVER IN U.S. ARM NO, OR UNKNOWN) (IF YES, GIVE W	NED FORCES? VAR OR DATES) 166. SOCIAL SECURITY NO 216-09-923	Mrs. Bett	y Wortring, Cre	saptown Md.
PART I DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. ART 2 OTHER SIGNIFICANT CONDITIONS CO.		e.	y dio vascular	BETWEEN ONSET AND DEATH
9a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
10 EXTERNAL CAUSE WAS INDERLYING OR ONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR EATH P.M. 19		LENTER NATURE OF INJURY IN ITEM 18 PART 1 O	
IN INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
death resulted fram: Natura	e of the remains described above, held an Aral causes . Accident . Suicide	interpretation in the properties in the properti	Undetermined manner MEDICAL EXAMINER DA SE Drive, Cumber:	TE 9-10-84
IAL, CREMATION REMOVAL 23 Urial Selector	b. DATE 230. NAME OF CEMETER Pot. 13 8 Eckhart	Y OR CREMATORY Cematery 756. DATE R	123d. LOCATION CITYOR TOWN Eckhart Allo CC'D. BY REGISTRAR 279 REGISTRAR	COUNTY STATE SANY Md S SIGNATURE
uria MERAL DIR	1 Se	1 Sept 13:84 Eckhart	1 Sept. 13:84 Eckhart Cemetery	1 Sept 13 84 Eckhart Cemetery Eckhart, Alle

AND MARKETTAN C.L. M. Michalife Hechelle auce co. string the sole of the string magno.P palement spain voquat io (I o-09-92)o tere, besty sortrand, dressprous, die

in francisco seiser form mente "G'H (nelles conjuncti

ARTHER THE PRODUCT BONGS OF 17 884 CARLES THE COLUMN SEP 17 884 CARLES THE CA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funancial director should be detached for use as the busial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

devel	En.	3	1 -4	Ö	1

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	232	8 /
)		EASED NAME	EIRST	N	AIDDLE	L	AST		MONTH DAY YEAR	2b. HOUR
11	(TYPE	OR PRINT)	Sarah		J	Jone	78 S		09/30/84	2:58a M
-	3. 5EX			RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS
- 4		Female		Whit	te	момтн	8/ 31/ 12 YEAR	72	YRS	TS HOURS MIN,
10/1		RTHPLACE (STATE OR FO	REIGN 76.	CITIZEN OF V	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
(2		Frostburg.	Md.	United	d States	WIDOWE	D DIVORCED X	Allegan	V	MD.
9	10. C1	TY OR TOWN OF DEAT	н 11		HOSPITAL, NURSI		PROTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	ÖN 126 KINI FWORKING LIFE) LINDUST	D OF BUSINESS OR
(g		Frostburg					Hospital	Ho memak	F WORKING LIFE) INDUST OWN	
26	USUA 13a. S	L RESIDENCE (IF NURSIN	G HOME OR OTH 36 COUNTY	HER INSTITUTION,	13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /		
		Maxryland	A11	egany	Frostbu	rg	YES NO	88 Frost V	illage, Fr	ostburg
)/(xo)	14. FA	THER'S NAME FIRST William	H.	-	mith		15. MOTHER'S MAIDEN NAM		Walke	r
col		AS DECEASED EVER IN	U.S. ARME	D FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS	
medical	()	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	220 28	9851	Mrs. Beatr	ice Yutzy	Frostbu	rg. Md.
t, th		18 CAUSE OF DEATH	Enter only	ane cause per						ROXIMATE INTERVAL EN ONSET AND DEATH
• • • • • • • • • • • • • • • • • • •			MMEDIATE		acuit	i ju	y « cardal =	en four	800	
natio				DUE TO, OF	R AS A CONSEO		A = . D.	=		
100		Canditians, if any, gove rise to imme		(b)	Coros	any	Certify 12	sease		
or ather traumatic		cause (a), stating underlying cause		DUE TO, OF	R AS A CONSEO	UENCE OF				
, or o		PART 2 OTHER SIGNI	FICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	Ita
2 2	N O									
S out	CERTIFICATION	19a DATE OF OPERATI	ON	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
o de	ERTI	71a. ACCIDENT WAS UNDE	RLYING []	21b. TIME O	F INJURY		21c HOW INJURY OCCURE			
E 8 4	1	OR CONTRIBUTING CA	USE OF DEATH	HOUR A.	M. MONTH I	DAY YEAR				
or Item	WEDICAL	(IF EITHER, NOTIEY MEDICA		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN COUNTY	STATE
marked	WE	WHILE NOT WHILE	E 🔲	(AT HOME STR	REET FACTORY OFFICE	FARM ETC)	STREET	CHYORIO	WN COUNTY	STATE
		22a.1 certify that (I) () attended the	e deceased fram		, 19	, to		, that (I) (we) last
21:		saw the deceased above, (I) (we) (di	d alive and) (did not) v	view the body	after death.	, or	nd that in (my) (aur) apinian o	death accurred on the do	ate and have and Iram	the causes stated
MPORTANT: If them 21 is		27b. SIGNATURE	7	1		2	DEGREE	MEDICAL STAL		ATE SIGNED
5 - 1		Su	1	1c	1/N.	W> .		MEDICAL STAI	IAN 7	-50-07
RTANT:		22d. PHYSICIAN'S NA/		chwart:	7		22e ADDRESS	tburg MD		
MAPO										
_	23a B	urial, cremation, r Burial	EMOVAL	23b. DATE Oct. 2			on Cemetery	23d LOCATION CITY OR TOWN	County	Md. STATE
-	-	JNERAL DIRECTOR		300.2	1 704	OTHIS		E REC'D. BY REGISTRAR	County,	
4/83		NAME			ADDRESS	- 4-1	UC1	D 1994 9	was wavedoon-1	Prince.

BP.

retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

Durst

Frostburg MD

.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13.	- 2	3	3	
600	J	1 0	0	

ļ	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N)		
ł	L DECEASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR	26 HOUR
l	FRANCIS	WILLIAM	KEAFER	R	September	30, 1984	4	1:39
ľ	3. SEX 4. I	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
I	MALE	White	March		61	YRS	DATS	HOURS MIN.
ſ	70. BIRTHPLACE ISTATE OR FOREIGN 7b.	CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
	Maryland	USA	WIDOWE	9.0	ALLEC	ANY		MD.
1	10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NU		PROTHER INSTITUTION	120 USUAL OCCUPATI	ON 121 F WORKING LIFET IN	KIND O	F BUSINESS OR
1		MEMORIAL HOS	PITAL		Mechanic	(Jas	Station
	USUAL RESIDENCE HE NURSING HOME OR OTH 130 STATE 136 COUNTY	13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	, -	
1	Maryland Alleg	gany Cresa	aptown	YES NO		Mullen	/ 2	1502
1	14 FATHER'S NAME FIRST MID	DLE LAS	ī	15 MOTHER'S MAIDEN NA/	WE		LASI	i
1		ssell Keai		Nellie		Ewing		
I	160 WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES GIVE W	110.000.010.000	SECURITY NO.	17 INFORMANT	ADDRE	Cresap 09 McMu	town	, MD
L	(YES NO OR UNKNOWN) (IF YES GIVE W	220-1	6-5486	Nellie Kea	Ier - 146	09 McMi	ılle	n
I	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one cause per line for (o), ()	b), and (c)	DECDIDA	TIDRY 1	noent	BETWEEN	MATE INTERVAL ONSET AND DEATH
ı	IMMEDIATE C		K D/O -	RESPIRA	100 f	TCKOI		
1		DUE TO, OR ASA CONS	SEQUENCE OF	VE CA.	LINCAPH	novala		
ı	Conditions, if any, which	(b) P(C)	4/(t)5/	VC CA.	NASUTI	MICTIVIT		
l	cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF					
I		((c)						
1	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PARI 1 c	1
ł	4 190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206 IF YES, WEI		
l	NO LAST DE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING				YES T NOT	IN CERTIFYING	CAUSES	OF DEATH?
1	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURE			PART 2)	
ł			DAY YEAR					
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	P.M 21e PLACE OF INJURY		211 LOCATION			DUNIY	1 40000
ı	WHILE NOT WHILE D	(AT HOME STREET FACTORY OF	FFICE FARM ETC	STREET	OF NO FE	WN.	DUNIT	1 A 1 E
ı	22a L certify that (1) (this hospital)) attended the deceased f	rom	. 19	, to	. 19		that (I) (we) last
ı	sow the deceased alive on above, (1) (we) (did) (did not) w			nd that in (my) (aur) opinion (death accurred on the de	ate and hour and	from the	rouses stated
	226 SIGNATURE	On A		DEGREE			The DAT	SIGNED
1		4000		ATTENDING PHYSICIAN	MEDICAL STAI		10/	1186
1	774 PHYSICIAN'S NAME : 1195 CHES	ent)		22e ADDRESS	AT HOODENA	MEDICA	D 111	TATMO
1	DR. QAMAR U. Z	AMAN		CUMBER	AL HOSPITAI	LAND 21	502	LDING
1		236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COL		STATE
	Burial	10/3/84	Frostb	urg Mem. Pa	rk Frostb		lleg	MD
	24 FUNERAL DIRECTOR	ADD	RESS		E REC'D. BY REGISTRAR	256. REGISTRAR'S		eth control of
1	John J. Haf	fer, Jr. I	aVale,	$MD \mid 00$	T 4 1984	7 - a Days	USer\-{	chde 87

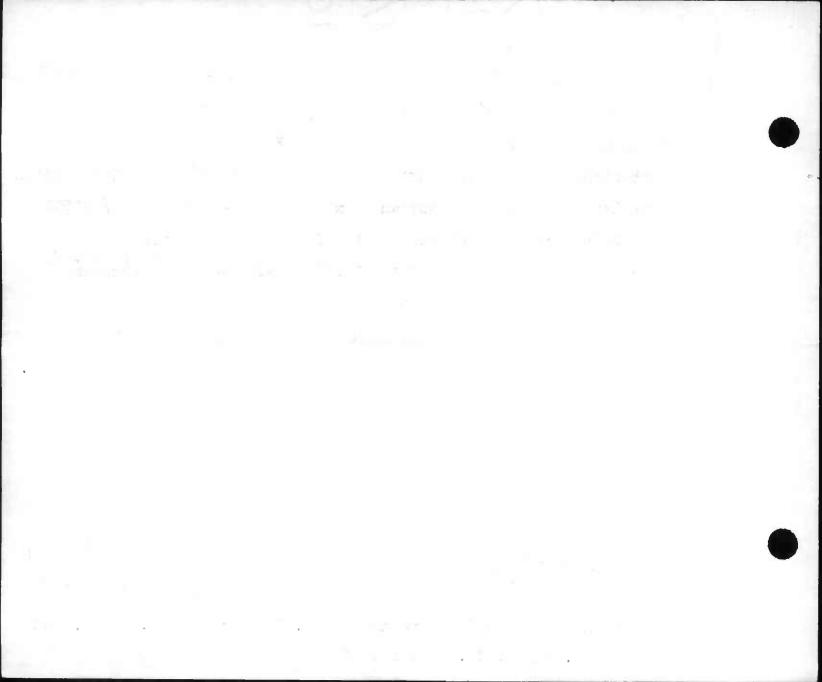
DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

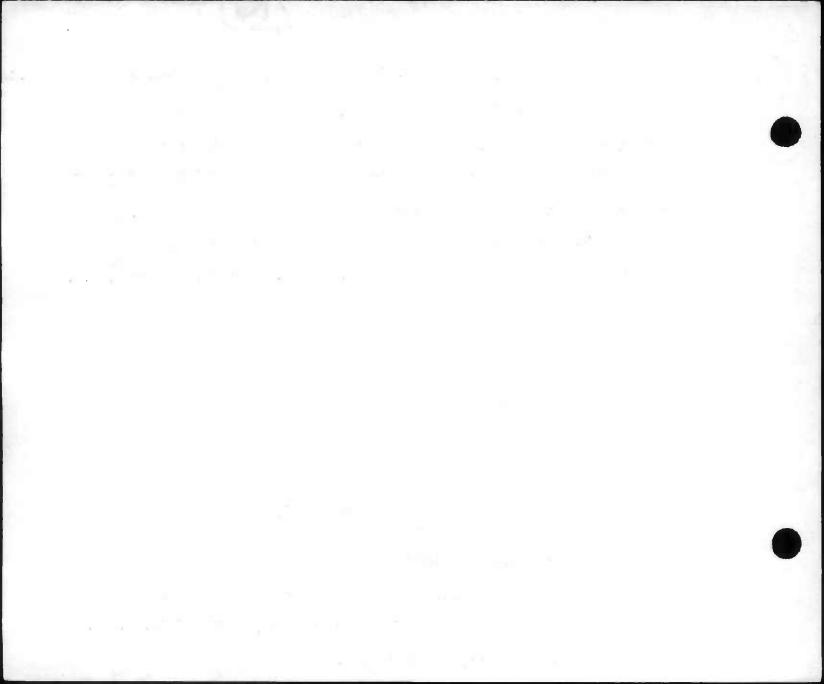
MPORTANT: If them 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR

NAME John J. Hafer, Jr. ADDRESS Vale, MD (VRA 15, 4)

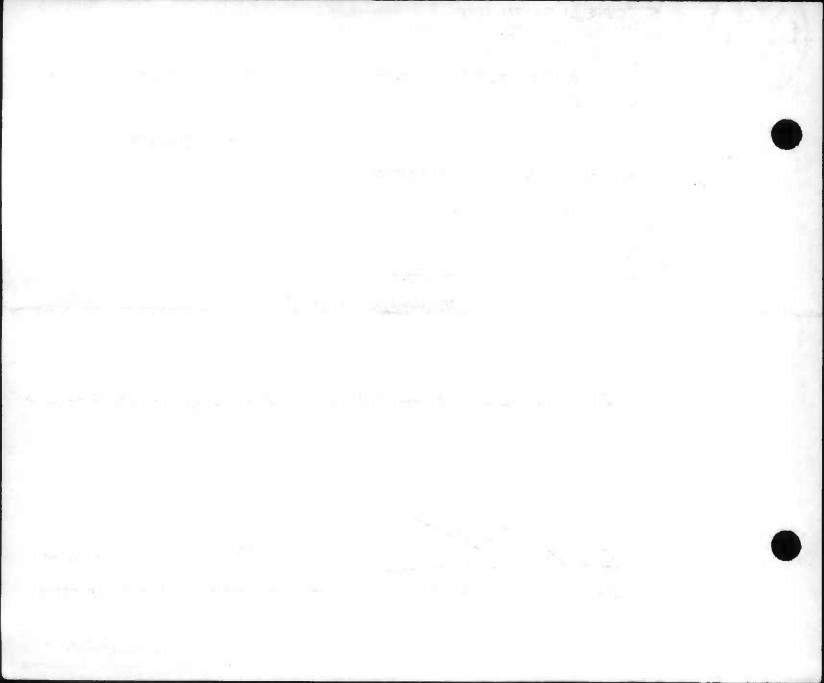


3-	1-	FOR STATE REGISTRAR			AENT OF HI	OF MARYLA	MENTAL HYG	REG. N		3 2 3	3 7
(B):	I. DEC	CEASED NAME FIRST MAC	C.	DDLE	Kesec	ker		10 01112 01 021111	ept. 3	30 19 84	8:25 A.M.
3. SEX Female			Caucasi	Caucasian		May 12, 1887		6 AGE (IN YEARS LAST BIR	M	ONTHS DAYS	W UNDER 24 HRS HOURS MIN.
Other Programme		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF W		8	□ NEVER A	MARRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH	AAD
4 4 4 4		TY OR TOWN OF DEATH Cumberland	11. NAME OF HO		G HOME O	R OTHER INST	TITUTION	12e USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	ON	INDUSTRY	F BUSINESS OR
AND 2120 AND 2120 Filled in b pottle be to	130 S Ma.		ROTHER INSTITUTION, GI	THE RESIDENCE BEFORE Cumberla	ADMISSION)	13d. INSIDE C	NO 🗌	13e.STREET ADDRESS / 204 Gran		21	502
E, MARYLAND cuted within 24 completely tills i, and 2 s out			n Cheschi	re			s maiden nam First Sarah E	lizabeth Do	naldso	LAST	i .
be executed on ond comp (s. Poges) and (e medicol exc		(# YES, GI	RMED FORCES? 1	6b SOCIAL SECU	RITY NO.	17 INFORMA	INT	Caldwell, I	ss Gra	andson	H MATE INTERVAL DISSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2110 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages and 2 should be the and Mental Hygiene prior to buriol, cremation, or removal. orked or then 18 shows any injury, or other traumatic event, the medical examinements.	ION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR A		DEATH BUT						
TAL RECO	CERTIFICATION	190 DATE OF OPERATION N/A 730 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 HOW INJURY 216 HOW INJURY				200 AUTOPSY? YES NOX	IN CERTIFY YES			
2 - 2 - 8 - 8 - 8 - 8	MEDICAL CI	OR MY ABUTING CAUSE OF DE (IF EHISE NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22d. I certify that (1) (this hosp sow the deceased alive or	ATH HOUR A.M. P.M. PLACE OF (AT HOME STREE	. MONTH DA FINJURY T, FACTORY OFFICE F.	19 ARM ETC }	2)f LOCATIC STREET	on 	CITY OR TO	ember:	COUNTY 9_84, t	STATE that (I) (we) lost
by the hospin by the hospin RRAL DIRECT e detoched for State Dept. of		OBOVE (1) (ww) (chd) (dialons) 17th SUSTA) URE 17th PHYSICIAN'S NAME (1YPE	OR PRINT)	Fig Conf	1	22e ADDRES	ATTENDING X PHYSICIAN X	MEDICAL STAI DIRECTOR PHYSIC	F IAN 🗌	22c. DATE S	1/84
TO HOSF retoined TO FUN should be with the IMPORTA	23a. B	Martin M. URIAL, CREMATION, REMOVAL		23c N		METERY OR	CREMATORY	- Frostbur	-		STATE
BP DHMH - 16 50M 4/83 (VRA 15, 4)		Burial MERAL DIRECTOR NAME James F.	10-2-1 Scarpel1			field H		Springf E REC'D. BY REGISTRAR 81994	ield, 256 REGISTR Lia Davi	W. Va.	URE



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	1		SCARPELLI FU			ATE OF MARYLAND		0 7 3 4 0		
1		1 -	FOR 108 VIRGINIA REGISTRAR CUMBERLA	•		OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	REG. NO.	20270		
			CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR		
y be		,,,,,	ROBER	RT ELDON	KIR	BY	SEPTEMBER			
		3 SE)		4 RACE		TE OF BIRTH	6 AGE IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
ab (FA	١ (male	white		17-03-18 YEAR	66	YRS		
eoth. Po	83		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO USA	MAI	RRIED NEVER MARRIED	9 BALTIMORE CITY OR ALLEGANY			
offer of	52	C	umberland	SACRED HEAR	T HOSPI	ΓΔΙ	120 USUAL OCCUPATION (TYPE DE WORK EOR MOST OF WORKING LIFE) INDUSTRY SUPERINTENDENT Glass Co.			
ithin 24 hours tely filled in t 2 should be f	35	USUA 13a. S	L RESIDENCE (IF NURSING HOME OR: TATE 136, COUN	OTHER INSTITUTION, GIVE RESIDER TY 136, CITY (130) CUM	NCE BEFORE ADMISS OR TOWN 1berland	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 327 Sunset Drive 21502			
thin 2 sho			THER'S NAME		IAST	15 MOTHER'S MAIDEN NA	ME			
completely 1 and 2 sh	10		Roy F. Kirby	Carter	LAST					
e execut n and co Pages 1	F		AS DECEASED EVER IN U.S. ARA	WAR OR DATEST	IAL SECURITY N	O. 17 INFORMANT	ADDRESS			
s poor			yes War	TT	78-07-7	255 Lina D. I	Kirby, Cumber	land, MD 21502		
s that the death certificate beed by the attending physician lease remove carban papers. Final, cremotion, or removal. or other troumatic event, the mandounts			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: E CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	YOUNG ONSEQUENCE C	F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
been sign prior to bu		CERTIFICATION	PART 2 OTHER SIGNIFICANT C	UF COMPLE	E HEAD	TION WAS PERFORMED	700 AUTOPSY?	WELL INS WERE FINDINGS USED		
The la ician.	W	TIFIC					YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO		
SICIAN: Ting physicin certificate uriol-transitiental Hygi	9		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I OR PART ?}		
OING PHYS or attending After this or e as the bur oith and Me		MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTOR)		211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE		
NDIN L or R: Af			220 I certify that (I) (this haspit	al) attended the decease	d from		, to	, 19, that (I) (we) last		
Spito CTO I for of h		1 19	saw the deceased alian on above, (II (we) ided (did no	ya me bodwaltar do		, and that in (my) (our) opinion	death occurred on the date	e and haur and from the causes stated		
AL OR A the hor AL DIREC detached ote Dept. T: If them			27%. SIGNATURE	U		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	221. DATE SIGNED		
TO HOSPITAL efoined by the TO FUNERAL should be detributed to with the Stote important:	1	(30	22d. PHYSICIAN'S NAME (TYPE OF	SEHOLENSK,	N.R	BMG 912 SET	ON DRIVE, CU	MBERLAND,MD 21502		
Of			URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME (OF CEMETERY OR CREMATORY	23d. LOCATION			
BP		(Burial	09-12-84	Sunse	t Memorial Park	< Cumberlan	nd Allegany MD STATE		
DHMH - 16 50M 4/83			INERAL DIRECTOR		ADDRESS	(Alternation	TE REC'D. BY REGISTRAR 25	L REGISTRAR'S SIGNATURE		
(VRA 15, 4)			James F. Scarpe	lli, Cumberl	Land, ME	21502 SEP	2 Mill divisor	ANUM CONTRACTOR OF THE PARTY OF		



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ARTMENT	OF HEA	LTH	AND	MENTAL	HYGIENE
CE	RTIFIC	ATE	OF	DEATH	

DEP MIDDLE LAST

- STATE REGISTRAR REG. NO. 2b. HOUR 2a. DATE OF DEATH MONTH 1. DECEASED NAME FIRST TTYPE OR PRINTI Anna Μ. Laing N 9 84 IF UNDER I YEAR S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 3. SEX DAYS MONTH YEAR Caucasian 04 03 1900 84 Female 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Allegany WIDOWED X DIVORCED 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY

Cumberland Lions Manor Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN Marvland

MIDDLE

113d. INSIDE CITY LIMITS? Allegany Cumberland YES X NO

Davis

840 Williams 15 MOTHER'S MAIDEN NAME MIDDLE

Elizabeth

Finneran

own home

Street

COUNTY

STATE

STATE

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) No

FOR

14. FATHER'S NAME

William

166 SOCIAL SECURITY NO 17 INFORMANT

213-74-6978 Lions Manor N.H., Cumberland,

Housewife

13e STREET ADDRESS / ZIP CODE

18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) PART I. DEATH WAS CAUSED BY: andio restrictural IMMEDIATE CAUSE (a AS A CONSEQUENCE O urchavy Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Emacia

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21d. INJURY OCCURRED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION

MEDICAL

WHILE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from 2 9-24 sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE

STREET

ATTENDING

19

(aug 224 PHYSICIAN'S NAME (TYPE OR PRINT)

PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

LMNH, Seton Dr., Cumberland, MD

CITY OR TOWN

V. A. Ranjithan, M. D 230 BURIAL CREMATION, REMOVAL 23b DATE

23c NAME OF CEMETERY OR CREMATORY St. Marv's Cemeterv

Cumberland Allegany MD 250 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Burial 9-28-84

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 50M 4/83

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Item 18

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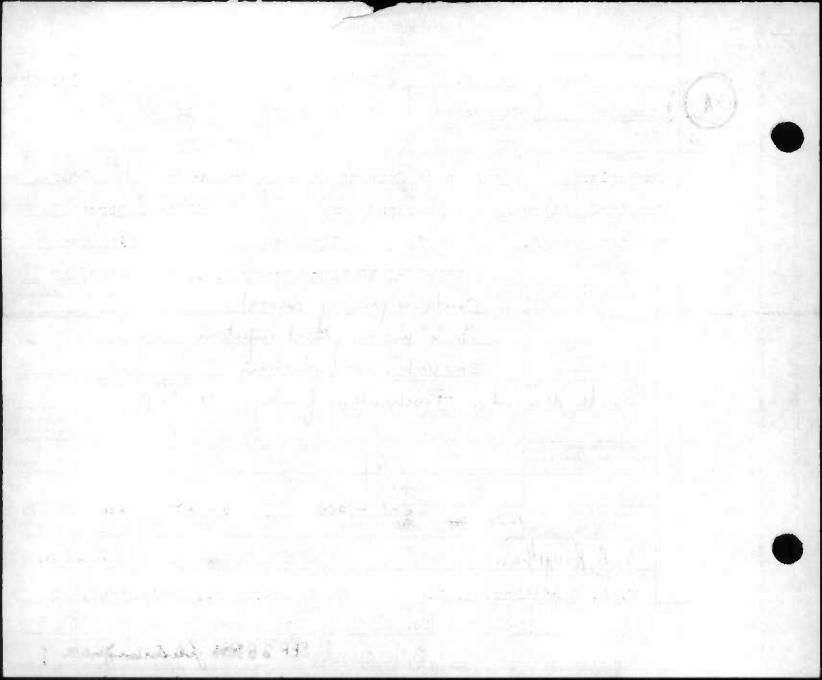
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CERTIFICATION

MEDICAL

(VRA 15, 4)



10	18	1 -	SCAR FOR STATE 108 REGISTRAR CUMB	VIRGII ERLAN	D, MD	NUE ^{Depai} 21502	RTMENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NT AL HYG	REG. I		3 2	1 2
`	. 64		EASED NAME	FIRST	A	MIDDLE		AST		2a. DATE OF DEATH		DAY YEAR	2b HOUR
	y be		VIRG			LEE		ARKIN		SEPTEMBER		1984	10:40A M
	E A	3 SEX			4 RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST B	(RTHDAY)	MONTHS DAYS	
	ab (A a B		female		white		_	-12-26		58	YRS		
	nero n 77	la Bi	RTHPLACE (STATE OR F	OREIGN	1 1150			D NEVERMA	9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY,				
10	s ofter d	-	ortown of DEA Cumberlan	d /	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPITAL OR OTHER INSTITUTION GIVE RESIDENCE BORNISSION) NTY 13d. INSIDE CITY LIMITS?					120 USUAL OCCUPA LITYPE OF WORK FOR MOST LINENTOLY SO	of working Cialis	THE LIZE KIND INDUSTRY	of Business or Senate
ND 212	filled in ould be	13a. S	L RESIDENCE (IF NURSI TATE V	MOIG	OTHER INSTITUTION TY an	Paw Pa	FORE ADMISSION) OWN W	13d INSIDE CITY YES 📉 N	LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE 99	9999
MARYL	ampletely ond 2 sh	14 FA	THER'S NAME Charles	Hard	y Sr.	LAST			el Bri	.nkman MIDDLE		LA	AST
IMORE,	n and co	16a V	PAS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SI 215-20		Ray Mil		kin, Paw P	ress aw, W		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	equires that the death certificate to signed by the attending physicia. Then please remove carbon popers to burial, cremotion, ar remaval. Injury, or ather traumatic event, the injury, or ather traumatic event, the	TION	Conditions, if any, gave rise to imm cause [o], stotin underlying couse	which dedicate go the lost.	D BY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSE	QUENCE OF	OCO PELATED TO	THE TERM	HE GO		7	DXMATE INTERVAL N ONSET AND DEATH
AL RECO	The law rion. ion. it permit. there prior nows any	CERTIFICATION	19a DATE OF OPERAT	ION			ICH OPERATIO	N WAS PERFORM		20a AUTOPSY? YES NO	IN CER	YES, WERE FIND TIFYING CAUSE YES	NO
TIV 90 P	SICIAN: T ng physici certificate ringl-fronsi entol Hygi frem 18 sh		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	P.,	m. Month M.	DAY YEAR			RED {ENTER NATURE OF IN.	JURY IN ITEM I	8 PART OR PART 2)	
IVISION	attendir frer this as the bu th and M orked or	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ((AT HOME STE	OF INJURY REET, FACTORY OFFI	ICE, FARM ETC)	21f LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
	ATTENDII spital ar CTOR: A Ifor use of Healt		220.1 certify that (1) saw the decease above, (1) (we) (c	d alive on.	Q_	70	9841.01		19 gg ur) opinion (death accurred on the	date and h	iour and from th	
	TAL OR yy the how the how the DIRE detached tate Dept tate Dept to True Dept to Tru		22b. SIGNATURE	(J Y	leho	auga	K \) PH	ENDING YSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	9-	TE SIGNED
	O HOSPITAL etained by th TO FUNERAL should be deto with the State		JOHN ME					22e ADDRESS 909-B	SETON	DRIVE, CU	JMBERL	AND, MD	21502
	should with IMPO		URIAL, CREMATION,		23b. DATE	2	3c NAME OF C	EMETERY OR CRI		23d LOCATION			
ala	1 BP 1	E	urial		9-28-	84	Hillcre	est Buria	al Par	k Cumberl	and A	llegany	/ MD
11	DHMH - 16 50M 4/83	24 FI	INERAL DIRECTOR			-				E REC'D. BY REGISTRA	R 25h REG	ISTRAR'S SIGNA	ATURE
'	(VRA 15, 4)	J	ames F. Sc	arpel	li, Cum	berland	, MD 21	.502	SEP.	28,1984 4	chierta	vidour Ma	ndelle 1

**

La description of

(TYPE OR PRINT) RACHEL LEASE SEPTEMBER 3. SEX 4 RACE DATE OF BIRTH MONTH White September 20.1906 Female a. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Allegany Maruland WIDOWED CUMBERLAND Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE Cumberland Seton Drive Allegany Maruland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Anderson Jemina P.O. Box 5201 (YES, NO OR UNKNOWN) Virginia VanMeter Cresaptown, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IN CERTIFYING CAUSES OF DEATH? NOV 21n ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY II LOCATION LITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC. WHILE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an above. (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinion death accurred on the date and have and from the causes stated DEGREE 441 North Centre St. DR. WILLIAM P. IAMES Cumberland, Maryland 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 9/8/84 Restlawn Memorial Gardens-Cumberland-Allegany-Nd. 124 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 1250 DATE REC'D. BY REGISTRAR 1250 REGISTRAR 1250

202 Greene Street-Cumberland, Maryland 21502

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b HOUR

12b. KIND OF BUSINESS OR

21502

Hamilton

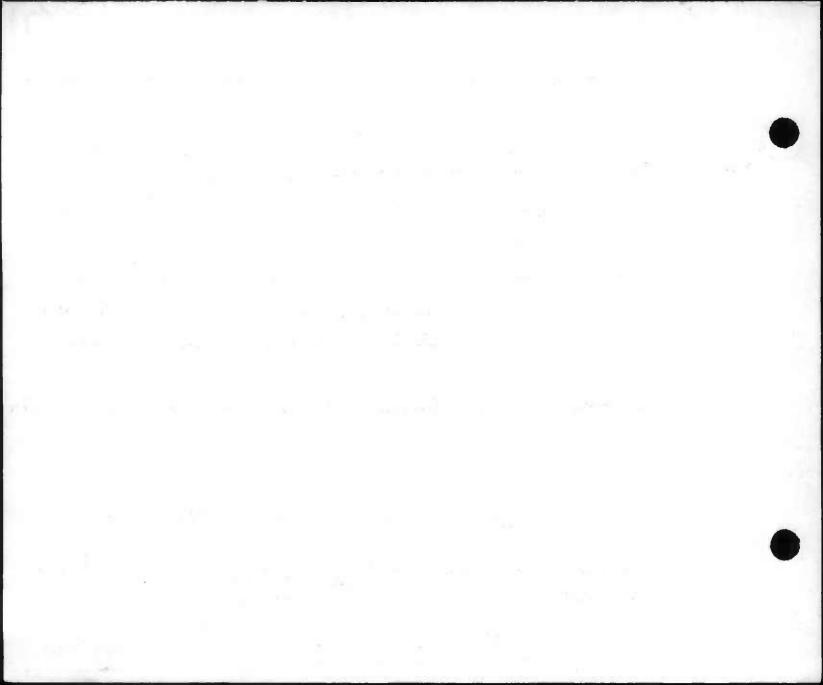
YES [

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL

HOme.

2:30 P

2a DATE OF DEATH

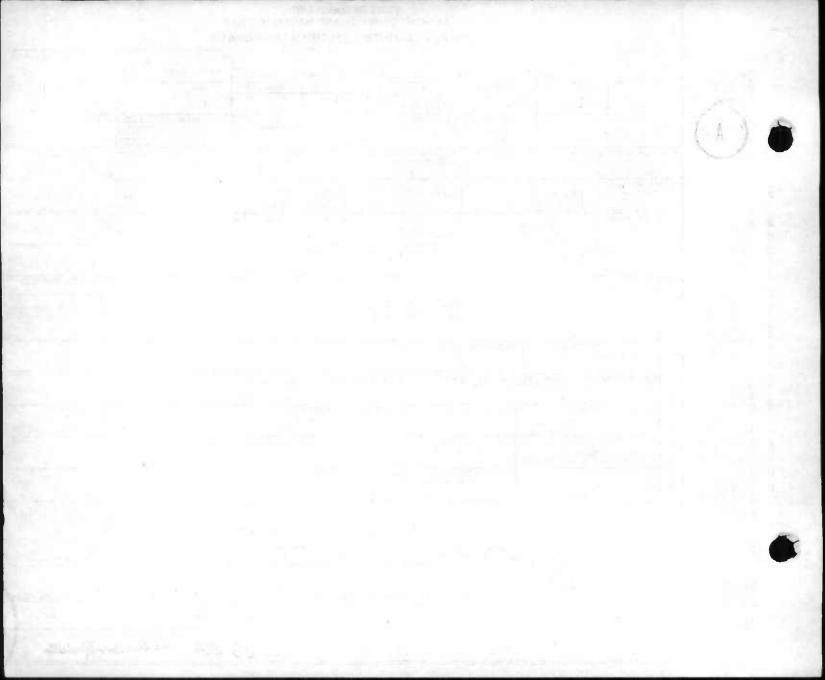


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VR A15 ME (5)) 20M 4/82



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		(Crisa)	4

1	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	0 4	2 G. NO.	3	E.	9 :	2
		CEASED NAME FOR PRINT)	FIRST RNARD		LIAM		INLEY	20 DATE OF DEAT	H MONTH 09	17	YEAR 84	26. HOU 21	
	3. SE	x MALE		4. RACE WHITE		S. DATE C		6. AGE LINYEARS LA	ST BIRTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS. MIN.
5	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			76 CITIZEN OF WHAT COUNTRY? 8 MA			D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ALLEGAN® CUMBERLAND					MD.
9	-	UMBERLAND	MD		HOSPITAL, NURSING HEACILITY, GIVE STREET, AL HOSPIT	ADDRESS)	UMBERLAND MD	120. USUAL OCCU ETYPE OF WORK FOR M Pipefit	OST OF WORKING	LIFE) IND	USTRY	Iroac	
5	USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSING HOME OR OTHER INSTITUTION.						136. INSIDE CITY LIMITS?	13 STREETS APRIL	NGBALE	PDEST	СЦМ	IBERL	AND
1	14 FA	ATHER'S NAME FIRST Geo	rge V	. Mc Kin	nley		Frances Wi		DLE		LASI	1	
		WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES GI	MED FORCES? VE WAR OR DATES) PEAN	214-28-6		MEMORIAL HOS		ORIAL	AVE (CUMB	BERLA	ND M
		18. CAUSE OF DEAT PART I. DEATH V	VAS CAUSI	EĎ BY: TE CAUSE (o)	Ventricu	lar	Fibrillation	n			ETWEENC	MATE INTER ONSET AND	DEATH
		Conditions, if ony gove rise to im couse (a), statu underlying couse	mediate	(b)_	R AS A CONSEQUE	iry	Artery Di	scase					
	NOI	PART 2 OTHER SIG	NIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR (CONDITION	GIVEN IN P	'ART 110	D '	
1	ERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER		, WERE FINDINGS USED YING CAUSES OF DEATH?		
2	ш	21a ACCIDENT WAS UN	DERLYING T	216 TIME C	E IN ILIRY		71r HOW IN HIRY OCCUP	PED ASSESSMENT OF	INTERIOR OF THE PARTY OF	O DART LORI	DART 2)		

HOUR A.M. YEAR

OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED NOT WHILE

P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OF TOWN

22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Deborah C. Pepper, M. D.

23b. DATE

22e. ADDRESS

Memorial Hospital, Cumberland, Md. 21502

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

9-21-1984

23c. NAME OF CEMETERY OR CREMATORY Rocky Gap VA Cemetery

13d LOCATION CITY OR TOWN
Near Cumberland, Md. 21502

24. FUNERAL DIRECTOR

James F. Scarpelli, Comberland, Md. 2150

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached with the State Dept.

MPORTANT

of Health and Mental Hygiene orked or Hem 18 show

MEDICAL

THE VIEW AND STREET AND STREET

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NORTH AND STREET OF THE STREET 2022 bi Directivo e and improved a carriedo akillaria.

TOTAL CO. DOUGHAND LAST PROPERTY AND INC.

death certificate be executed within 24

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO.			
Ì	1. DECEASED NAME	FIRST	WIDDLE	l.	AST		20 DATE OF DEATH MONTH	OAY YE		UR
	(TYPE OR PRINT)	Agnes	T	Mil	1er		9/14/84			50p
	3 SEX	4 RACE		5. DATE C	PAY	YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS	YEAR IF UNDE	ER 24 HRS
	female	whi	te	4/	0.37	05		RS		
4	70. BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER A	ARRIED -	9 BALTIMORE CITY OR COU	NTY OF DEAT	Н	
2	Md	USA		WIDOWE		ORCED K	Allegany			MD.
1	10 CITY OR TOWN OF DEA		HOSPITAL, NURSING		R OTHER INST	ITUTION	170 USUAL OCCUPATION HOMEMARKET WORK	NG UFE) INTOLI	ND OF BUSIN	
	Frostburg, M		ura Commu		Hospita	1	nomemaker	OW	II HOM	
7	USUAL RESIDENCE (# NURS 13a. STATE	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE C	TY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE 2	800)
2	Md	Allegany	Midland		YES 🗌	NO X	Back Str		- /	
	Thomas A		orrigan		Laura	MAIDEN NAA	WE		Fout	ZZ
1	160 WAS DECEASED EVER	NONE WAR OR DATES	166 SOCIAL SECUR		17 INFORMA Delo	res Fr	eburger, 206	Glen	Rd • 2	1122
1			213 22		<u> </u>		ras			FRVAL
ı	18 CAUSE OF DEAT PART I. DEATH W		er line for p), (b), and	in	1 00	neon	# .	BETY	PPROXIMATE INTI WEEN ONSET AN	ID DEATH
1		IMMEDIATE CAUSE (0)	OR AS A CONSEQUE	NCE DE	- (N.	1. 1	21 6			
	Conditions, if any,	which (b)	Mule	1	yoca	edial	infaction			
	gove rise to imm couse (a), statin underlying couse	g the DUETO, C	RAS A CONSEQUE	NCE OF	11,	alin	16.			
1		(c)	CWI CAL	OFF	NOT BELATED	TO THE TERM	IN AL DISEASE OR CONDITION	L CIVEN IN PA	DT 1.	
		MIFICANT CONDITIONS C	ON IRIBUTING TO D	EALD BUT	NOI KELATED	10 THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN FA	XI 110	
	190 DATE OF OPERA	TION 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED		F YES, WERE F ERTIFYING CA		
100	E						YES NOX	YES	NO	
1	21a. ACCIDENT WAS UND	- 110110	OF INJURY	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PA	RT 2)	
	(IF EITHER NOTIFY MEDI	AUSE OF DEATH	P.M.	19						
	(IF EITHER NOTIFY MEDII	(AT HOME S	OF INJURY TREET FACTORY, OFFICE, FA	RM ETC }	211 LOCATIO	N	CITY OR TOWN	COUN	fy	STATE
	AT WORK AT WO	RK L		1	10	0/	Cot 11	4 0	/	
	22a certify that (I)	(this hospital attended)	he decigosed from _	TE E	410	. 19.0.9	death accurred on the date and	- 19 AF		(we) last
1	above, (I) (we) (c	ed alive an ZCAA fid) (did not) vie Michael	y after death		DE GREE	(dor) apinion i	deoth occorres on the date and			
	ZZB. SIGNATUR	un 6/	Thi_	. ,	NIN	TTENDING A	MEDICAL STAFF DIRECTOR PHYSICIAN	Se	pt.15	5,1984
	22d PHYSIC AND STALL	ME TON CHANGE	-)	220 ADDRES		DIRECTOR OF PHISICIAIN			
	Dr.	S. Kim			Ma	in St.,	Westernport.	Md		
ĺ	230 BURIAL, CREMATION (SPECIFY) BUILD	EMOVAL 95 DATE -	84 778	15 CON 18	EMERES JOB	REMATERY.	rostourg	Aliver	gany	Md

DHMH - 16 50M 4/B3 (VRA 15, 4)

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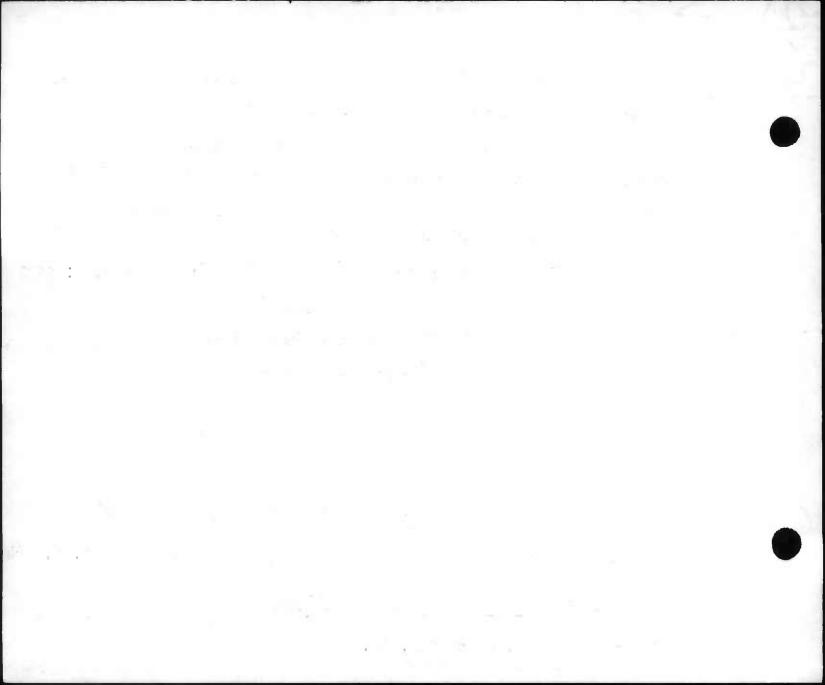
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled my with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar ather traumatic event, the medical exam

"Eichnorn Funeral, Lonaconing, Md21539

BY REGISTRARYSH REGISTRAR'S SIGNATURE

THE DEVIASION - MANAGER

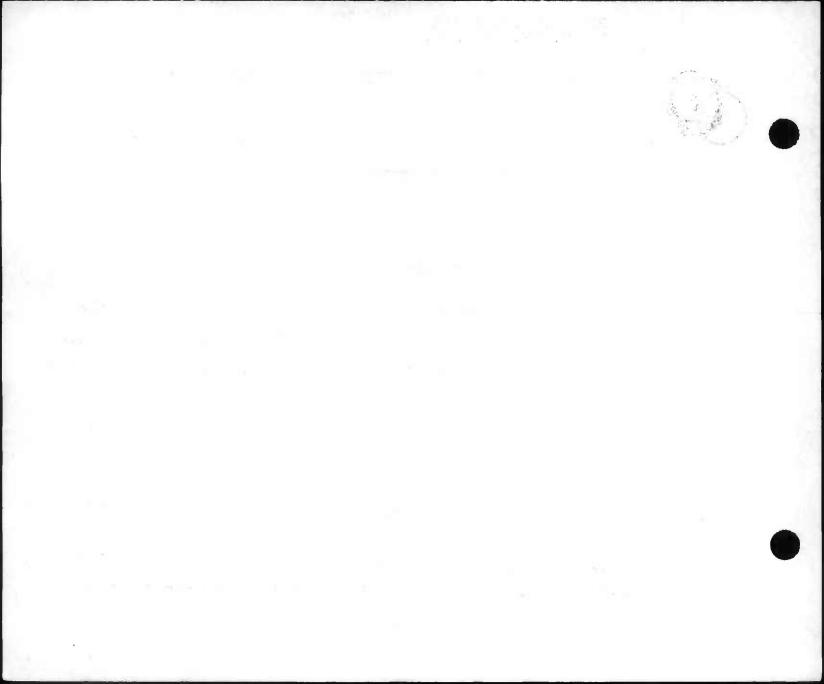


TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be the haspital ar attending physician.

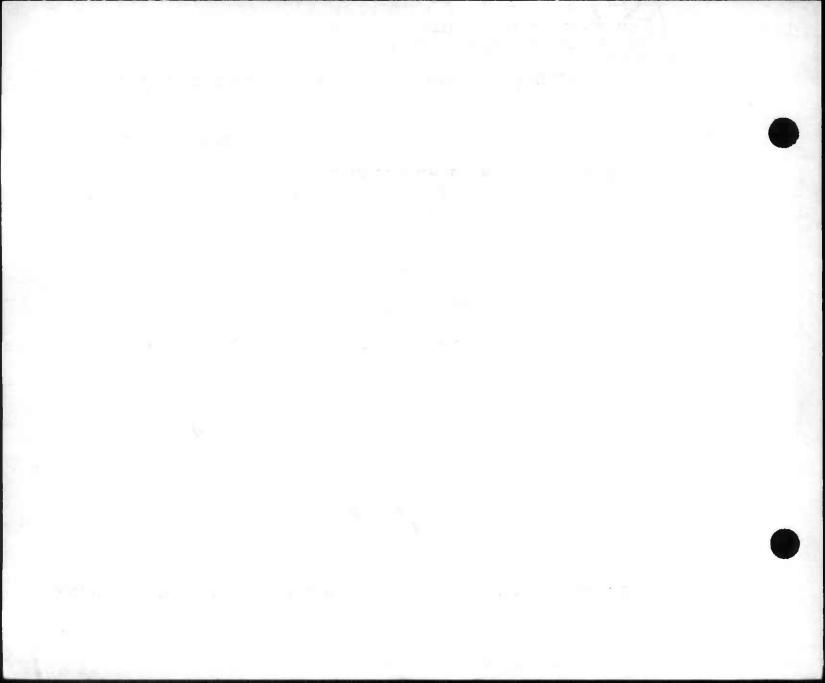
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DHMH - 16 50M 4/83 (VRA 15, 4)

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14. E/	ATHER'S NAME Charle	es M. Ĥ	louser	LAST	15. MOTHER'S MAIDEN NAME Harriet Turner MIDDLE LAST							
(WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	23296604		John A. Mil	ADDRESS Miltenberger, Jr. – Ridgel					NV DRATH
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ZXODÍ	5 00		210. ACCIDENT WAS UNDERLY		FINJURY M. MONTH DA	Y YFAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
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OR: A	.≊		220 I certify that (I) (this saw the deceased of		deceased fram_	¥-	19	84	eath occurred an the do	-	,	that (I) (we) last
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	r H		ZZE. SIGNALDIKE		-0-	WEST SELECTION	A ATTEN	IDING	MEDICAL STAI		G	17-2C
by the ERAL	Ž.		22d PHYSICIAN S NAME	7199 CH (PALL)	le ace	une	22e ADDRESS	ICIAN L	DIRECTOR PHYSIC	IAN []		1107
etoined b	MPORTANT		JOHN MEH	ANNA, M.D.			909-B S		DRIVE CUMB	ERLAN	D, MD.2	1502
55	_	23a. E	URIAL, CREMATION, REM				METERY OR CREM	ATORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
BP	- []	24.5	Burial	Sept18	,1984 Re	est La	wn Mem. C	Gdns.	LaVale		egany	Md.
DHMH - 16 50M 4/	'83		NERAL DIRECTOR	F1 C	404ss D	ecatu	r St.	ZOO DAIE	REC'D. BY REGISTRAR	ZOD KEGIS	IKAK'S SIGNA	IUKE
(VRA 15, 4)		51.	cox-Merritt	runeral Se	r. Cumbe	rland	, Md.	SEDIA	10	A K		reime .
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			1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH		REG. N) NO.	3	C.a	9 9
0.4				CEASED NAME OR PRINT)	SYLVI	A	M.		ELSON		. 16,	1984	DAY	YEAR	4:12a.
(A)	3 SEX	emale		4 RACE Whit	e	5. DATE O	DE BIRTH 1913	6 AGE (IN YEARS LAST B	RTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS HOURS MIN.
meral	-	36		RTHPLACE (STATE OR F OUNTRY) Maryland		US.		WIDOW		All	ore city Legany				MD
by the	notified	20	Cumberland			Memoria	AL Hospit	al and	Med. Center	CTYPE OF W	OCCUPATION OF THE STATE OF THE	OF WORKING	IFE) INE	DUSTRY	te Home
ond completely filled in by the	d famust be	35			13b COUN		13c. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	Mai	t ADDRESS In St.	P. O	. Во	2 /x 96	502
Smpletely	exonune by	111		THER'S NAME FIRST Price			LAST		Annie Blau		WIDDLE			ŁAS	
on and co		1		AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES' (E WAR OR DATES)	220-40-		Ms.Cecelia	Coff	ADDI		Mil	ler	aughter
ding physicia	or removal.			PART I. DEATH W	AS CAUSE	nly one cause p ED BY: TE CAUSE (a)_ DUE TO,	152	S P	MATONY	A	NN	357		APPROXI	MATE INTERVAL INSET AND DEATH
by the offen	l, cremotion.			Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	(b).	CHR	EDW.	PHZI	1776	U DY 1	15	-		
n signed	r to burid injury, or		NOI	PART 2 OTHER SIGN	EL.	PLI	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISE	ASE OR CO	NDITION G	IVEN IN	PART 110	1
has bee	ene prio	9	CERTIFICATION	190 DATE OF OPERAT	ION	196 CON	DITION FOR WHIC	CH OPERATIC	N WAS PERFORMED	200 AL	JTOPSY?	IN CERT			IGS USED OF DEATH? NO
certificate	tental Hyg	9	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER	NATURE OF IN	JURY IN HEM 18	PART OF	R PART 2)	
After this	Ith and M		MED	216 IN JURY OCCURE WHILE NOT WH AT WORK AT WOR	IILE 🔲	(AT HOME	E OF INJURY STREET FACTORY OFFIC	E FARM ETC	211 LOCATION	,	di	6		94	STATE
ECTOR .	n 21 is m			220.1 certify that (1) saw (2) decease bov (1) ve) (c	ed al ve on	view the bar	19	84/	nd that in the laur aprinon	death accu	of on the	date and ho	our and f	from the	causes stated
JERAL DIR	State Dep	1		ZIA PHYSIGIAN'S	IME (TYPE C	OR PRINT)	1/2m	/	ATTENDING PHYSICIAN (1)	DIRECTO		AFF ICIAN 🗌	ć	7/1	884
TO FUT	with the	<u>/_</u>		URON	25	MI	RAVE	1		Tank					

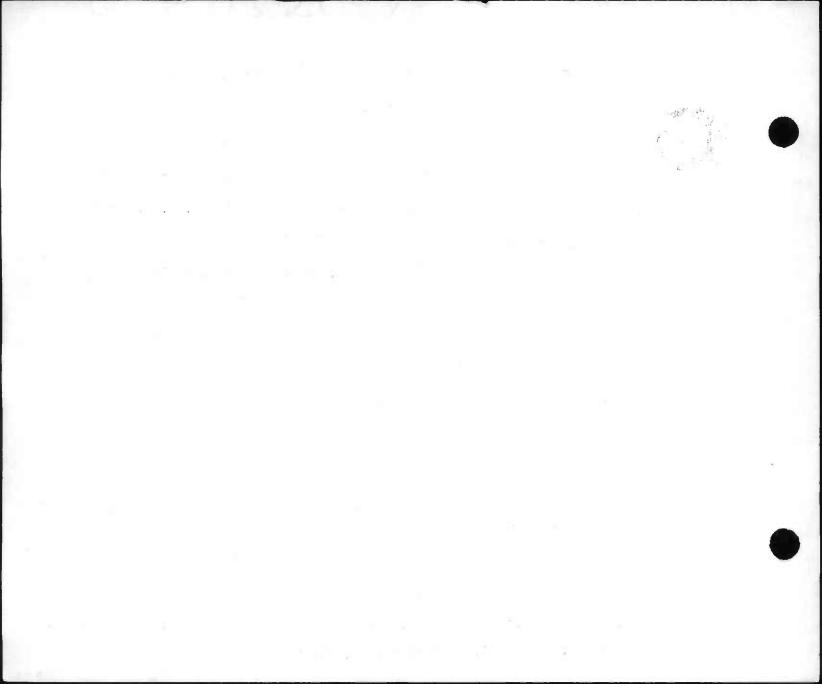
DHMH - 16 50M 4/83

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 9-19-1984 24 FUNERAL DIRECTOR F. Scarpelli, Cumberland

231 NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

of CEMETERY OR CREMATORY CUIT OF TOWN CUIT OF TOWN CUIT OF TOWN ALL COUNTY AND STATE Md. 21502



requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physicion.

the attending physicion and completely filled in by the funeral director, page remove corbonpopers. Pages 1 and 2 should be filed within 72 hours ofter def

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injury, or other troumotic event, the

should be detoched for use os the burial-transit permit. Then please remove corbon pope with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by

4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	2.	30	0 0		
L	1. DECEASED NAME RIST	Λ	AAE	OG	LEBAY	SEOT.	MONTH 39. 1	1984	26. HOUR		
	3. SEX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY	MONTHS DAYS	HOURS MIN.		
Į	Female	White		Feb	. 28, 1903 ear	81	YRS.				
ł	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	<u> JR</u> COUNT	Y OF DEATH			
1	Md.		S.A.	WIDOWE	DR OTHER INSTITUTION	Allegany	1011	125 KIND (MD OF BUSINESS OR		
	Cumberland	NURSi	1 G- + Can	ADDRESS) (UMBERLAND ESCENT HOME	TYPE OF WORK FOR MOST	OF WORKING L				
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		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		Į.A.	ST		
1	Thomas		Lewis		Matilda			Blank			
1	16a WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT	ADDR	004 nill St.				
L	No		214-74-0	0996	Charles A. (Oglebay, Sr. Cumberland, Md					
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	UDITION GI	IVEN IN PART 1	tor		
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INGS USED S OF DEATH?				
9		TH HOUR A	DF INJURY .M. MONTH DI .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART (OR PART 2)			
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY ON 10	pwn Z	Ry	STATE		
	22a. I certify that (I) (this hospi sow the deceased alive an obove, (I) (we) (did) (did per 22b. SIGNATURE	9.68/	1919		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF _		, that (1) (we) lost e couses stated		
1	22d. PHYSICIAN'S NAME THE	a printi			22e ADDRESS		~ U	1	1		
	Peter Halmos	M.D.				ospital Cum	berla:	nd, Md.			
1	23a. BURIAL, CREMATION, REMOVAL	DATE STATE	1 (10 (10 (10 (10 (10 (10 (10 (EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE		
	Burial	Oct 1,	1984 S	t. Lul	ke's Cemt.	Cumberla		11egany	Md.		
1	24. FUNERAL DIRECTOR		101		25a. DA1	TE REC'D. BY REGISTRAF	475h REGIS	TRAR'S SIGNA	TURE		

DHMH - 16 50M 4/82

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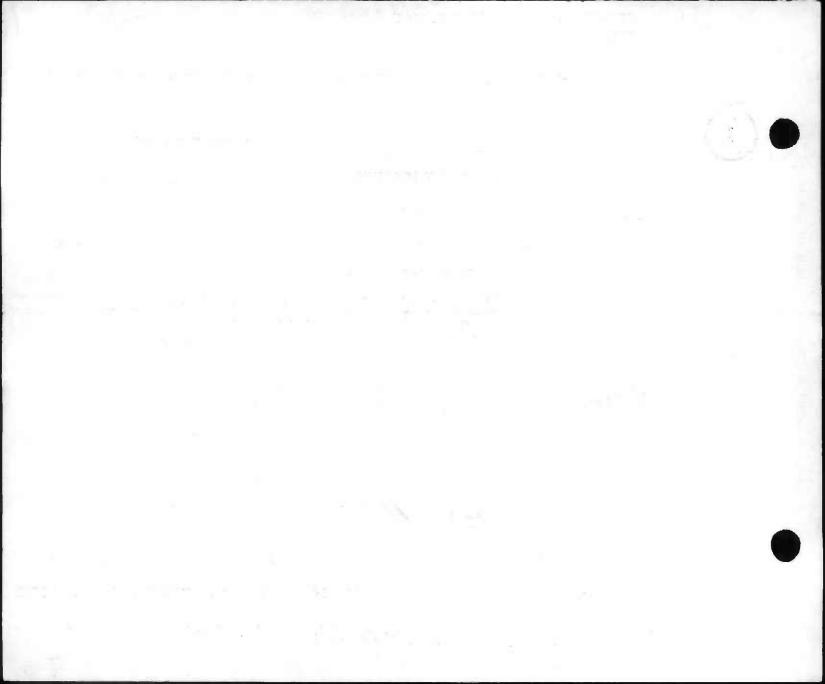
(VRA 15, 4) Silcox-Merritt Funeral Ser.

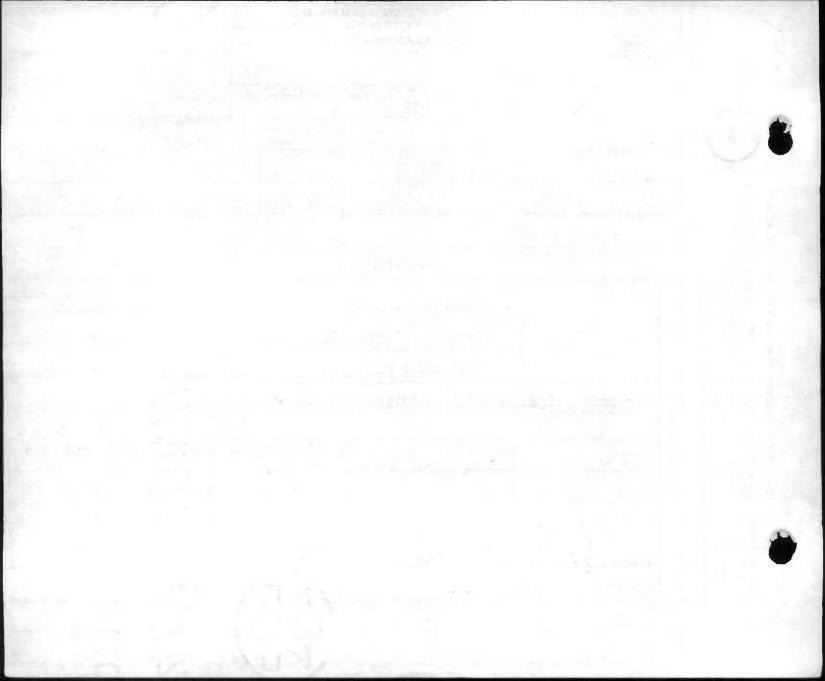
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e e	To BIRTHPLACE (STATE OR FOREIGN				DREIGN 71	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED W NEVER MARRIED			RIED 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH				
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A.E	1	10	CITYC	R TOWN OF DEA	TH 1	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			126 USUAL OCCUPATION OF WORK FOR MOST OF			BUSINESS OR		
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PHY	this of Man	ACION	214	INJURY OCCURR			OF INJURY REET, FACTORY, OFFI	CE FARM, ETC)	211 LOCATION STREET		corongo	ye/he	COUNTY	STATE
ON F	os that that arke		AT V	ORK AT WOR	К			9/	4/94		9/2	ab .	24	
N P	Heal Heal		22 a	1 certify that (I)			7081	m	, 1	9d	, to	to and have an	-	ot (I) (we) lost
ATT	d for		201	sow the decease above, (I) (we) (d	id) (did nat)	view the body	ofter death.		DEGREE	, opinion de	eoili occorrea	ne ond noor on	22c DATE SI	
OR OR	ORD Oche Dep	Ш	1226	SIGNATUII	-	21			ATTEN	NDING .	MEDICAL STAI	FF	9/2	DAU
HOSPITAL	RAL det	4	224	PHYSICIAN'S NA	AAE JEWEL ON	a from	MI		PHYS 22e ADDRESS	SICIAN 🗂	DIRECTOR PHYSIC	IAN []	4	107
OSP	the S		220			PRINTI				און מט	I CU DD C	MADEDI AL	UD MD	01500
O HOSP	shauld be deto with the State	-		DR. FEL							LSH RD., C	JMBERLAI	ND, MD	. 21502
	_	23	a BURI	AL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREA		23d LOCATION CITY OF TOWN	1 100	YTHUC	STATE
BP_	·	24		LIAL RALDIRECTOR (2/24/	84 S	sunset 1	Memorial		Cumberla REC'D. BY REGISTRAR			
	16 50M 4/83	ď							ne, P.A.	SEP		" chia Davi	1	
(VRA	A 15, 4)		20	Greene	Stree	t-Cumb	erland,	Ma. 2	1302	185	40 1904	MININ MENT	Man-Nat	Market :





10 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparing the first time of the consistence of should be detached for use as the burial-transit permit. Then please remove carbonization is Page. I and 2 stoold be filled within 7 mains after death with the State Dept. of Mealth and Mental Hygiene prior to burial, cremation, or removal.

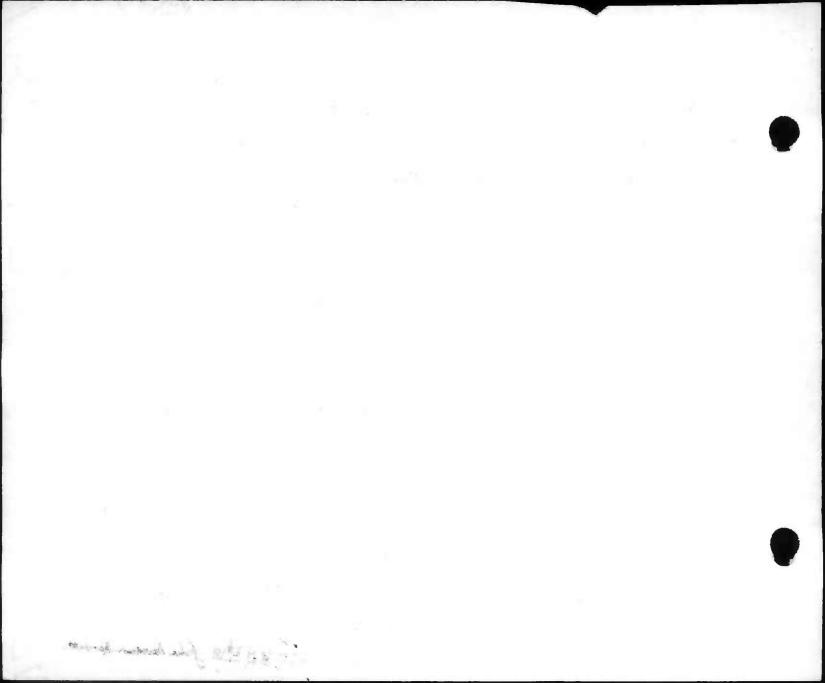
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

43	4)	3	ن	1)
REG.	NO.			

1.	FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYG DEATH	REG. NO.	3 0	00
	CEASED NAME FIRST		AIDDLE	L	(ST		20 DATE OF DEATH MONTH	DAY YEAR	218HOUB
(TYPE	E OR PRINT) MARGAR	RET E	LIZABETH	PEE	R		SEPT. 25, 1	984	0.09 p
3. SE	X	4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HR
	FEMALE	white		AUG	. 15	1916	68 yrs	MONTHS DAYS	HOURS MI
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0			9 BALTIMORE CITY OR COUN		
5	COUNTRY) MD	USA		WIDOWE		MARRIED	ALLEGANY		
	ITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET LAL HOSP	NG HOME O			128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE		OF BUSINESS (
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 131 COUR WV Mine	OTHER INSTITUTION		E ADMISSION)	13d INSIDE	CITY LIMITS?	13. STREET ADDRESS / ZIP CO Rt. 2 BOX 98	DE 26753	7949
14. FA	ATHER'S NAME		LAST		15 MOTHER	'S MAIDEN NA			
1	FIRSTITVIN Stei	inmetz	LASI			Mary P	orter MIDDLE	L/	AST
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	URITY NO.	17 INFORM	ANT	ADDRESS		
	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	235-32-	-6561	Curti	is L. Pe	eer - Ridgeley,	WV - hu	sband
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per ED BY: TE CAUSE (a)	line for (a), (b), or	ndic	Arre	3f ·		BETWEEN	XIMATE INTERVAL ONSET AND DEA
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEOU						
CERTIFICATION	PART 2. OTHER SIGNIFICANT	Carcin		one	Wilon	Deple	9170 9 90 PM STOCK	TIFYING CAUSE	and in
ET E							The second secon	YES 🗌	NO 🗌
	Pla. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		M. MONTH D	AY YEAR	21c HOW 1	njury occure	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	FARM ETC 1	21f LOCAT		TY OR TOWN	OUNTY	STATE
_	AT WORK AT WORK			-	10	all	0 05	011	
	220 I certify that (I) (this hosp	<i>U</i> ')	e deceased from	24-	24	19 8 4	10 9-23-	19 8 4	that (I) (we) I
1	sow the deceased olive or obove, (I) (we) (did) (d)d or	ot) view the body	ofter death.	\$ 9.00	d that in (my	(our) opinion	death accurred on the date and h		
	22b. SIGNATURE	alleb		MI	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT	E SIGNED 190
1	224 PHYSICIAN'S NAME (TYPE OR PRINT)					SS			
	DR. N. SAHETA				MEMORIAL HOSPITAL CUMBERLAND, MD 21502				
23a. I	BURIAL, CREMATION, REMOVAL		23ε.	NAME OF C	METERY OR	CREMATORY	23d LOCATION		
F	(SPECIFI)	9-28-	84 In:	avis M	emoria	1 Park	Cumberland A	11egany	MD

DHMH - 16 50M 4/83 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502



1-	FOR STATE REGISTRAR			STA EPARTMENT OF ICAL EXAMIN	HEALTI		34	Land	REG. NO.	3	3 0		
	CEASED NAME E OR PRINT)	Kathry	n A. Per	ckins	13	LAST		2a. DATE I OF DEATH	KNOWN KI ESTI- MATED [MONTH 9-2	27 1984		STAN
3. SE	male	RACE White	5. DATE OF BIRTH MONTH DAY Dec. 23,	VEAR LAST BIRTHD			NDER 24 HRS.	2c. DATE PRONOUN DEAD	CED Sept	MONTH 27	DAY YE	AR 2d. H	10UR
	RTHPLACE (STA	and	76. CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED 😿 NEVER /	WARRIED		ore city or	-	OF DEATH		MD.
Gu	mberlan	d	(IF NOT IN SUCH FACE	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) 1 Hospita RESIDENCE BEFORE ADMISS	1	ier institution	FOR		ATION (TYPE O	DF WORK 1	or ind of Or indi	STRY	
130. S Ma	ryland	13b. COUNT	TY	Tac CITY OR TOWN Cumberla	,		0 1		ss Ld town	Road	300	2	
	THER'S NAME FIRST	Charles		tman LAST			ose Mc	MI	DDLE		LAST		
16s. V (Y	VAS DECEASED	EVER IN U.S. ARA		705-05-39		Mr. Ja		Perki	address ns, Cun	nberl	and, H	usbar	nd
T8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Canditions, if any, which gove rise to immediate (b).							Dise	ase		APPROXIA BETWEEN O	AATE INTERV NSET AND D		
	lying caus	stating the <u>under-</u> e lost.	(c)	S A CONSEQUENCE	OF								
NO	PART 2 DINER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL DISEAS	E DR (DNDITION GIVE	N IN PART 1 is						
MEDICAL CERTIFICATION	19a. DATE OF			on for which oper	ration v	AS PERFORMED	?				20 AUTOP		***
ICAL CER		OR IG CAUSE OF D		R	OW INJURY OCC	CURRED (ENTER	NATURE OF INJ	URY IN ITEM TO PA	RT I OR PART	2)			
MED	WHILE AT WORK	RY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.)						CITY OR TOV	VN	COUN	ŧTY	ST	TATE
1		y that I took charg	e of the remains described of courses X ,		Autar uicide	, Ins		Inquiry :		in my opir	non		

9-29-1984

M.D. Deputy

9-27-1984

EXAMINER'S NAME Dr. Giovanni Mastrangelo M. D. (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

234. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery Civing two land, Allegany, Mastate

24 FUNERAL DIRECTOR

Burial

Scarpella Cumberland, Md. 21500 CT 3 July Sandson And Secure Company Scarpella Control Company Secure Company S

Julia Davidson-Randall

900 Seton Drive, Cumberland, Md.

DHMH - 17 (VR A15 ME (5)) 15M 2/80

BP_

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ned by the offending physicion and c	n please remove corban papers. Page	ourial, cremotian, or removal.
Learthicate hos been sign	numbers of permit. Then	Warter Hydrene prior to bu
her thus	at the b	th provid A

p.

FOR - STATE REGISTRAR 1. DECEASED NAME

14 FATHER'S NAME

CERTIFICATION

MEDICAL

3. SEX

STATE OF MARYLAND

PARTMENT	OF HE	ALTH AND	MENTAL	HYGIENES
CE	RTIFIC	ATE OF	DEATH	-

1 - STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	
DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	20 110010
	MOLLIE D	AY P	ETERS	September 10.	1984 1:45 A.M
. SEX	4. RACE	5. DATE	OF BIRTH	0 7100 (11110111111111111111111111111111	UNDER LYEAR IF UNDER 24 HRS
Female	White			71 YRS	
EIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
WV	USA	WIDOW	77	Allegany	MD.
CITY OR TOWN OF DE		HOSPITAL, NURSING HOME CH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
Cumber1and	Memor	ial Hospital		Housewife	Domestic
SUAL RESIDENCE (# NUR. 30. STATE WV	SING HOME OF OTHER INSTITUTION LIM COUNTY MOTGETT	130. CITY OR TOWN Paw Paw	134 INSIDE CITY LIMITS?	Rt. #1 Box 70	25434 9999
FATHER'S NAME			15 MOTHER'S MAIDEN NA		
David	WIDDLE	Day	Bertha	MIDDLE	Donald
60 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	25121
No No	(IF TES, GIVE WAR OR DATES)	236-56-3744	Arlene Peter	s, Rt, #1 Box 70,	
	TH (Enter only one couse pe VAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Re	spiratory	DiStress	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			1 1/ 0		1

Conditions, if ony, which	(b) Chronic Obshue	thine Kuhmonary	
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	Disease	
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT PELA	Securona · Acute Pulmo	nery Eden

Rocent Left C	VA - Reprization	Inecimonia	· struce fu	unonery C	aling
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206 IF YES, WERE FINDING CAUSES	
ndpartition.			YES NO	YES [NO 🗌
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	214 HOW INJURY OCCURRED	LENTER NATURE OF INJUR	VIN ITEM 18 PART OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	211 LOCATION			

WHILE NOT WHILE AT WORK 22a | certify that (1) (this haspital) attended the deceased from

that (I) (we) lost and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated did not) view the body after death DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Memorial Hospital Cumberland, MD 21502

Dr. N. Saheta 230 BURIAL CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY

9/12/84 Woodrow Union Cemetery Paw Paw Burial

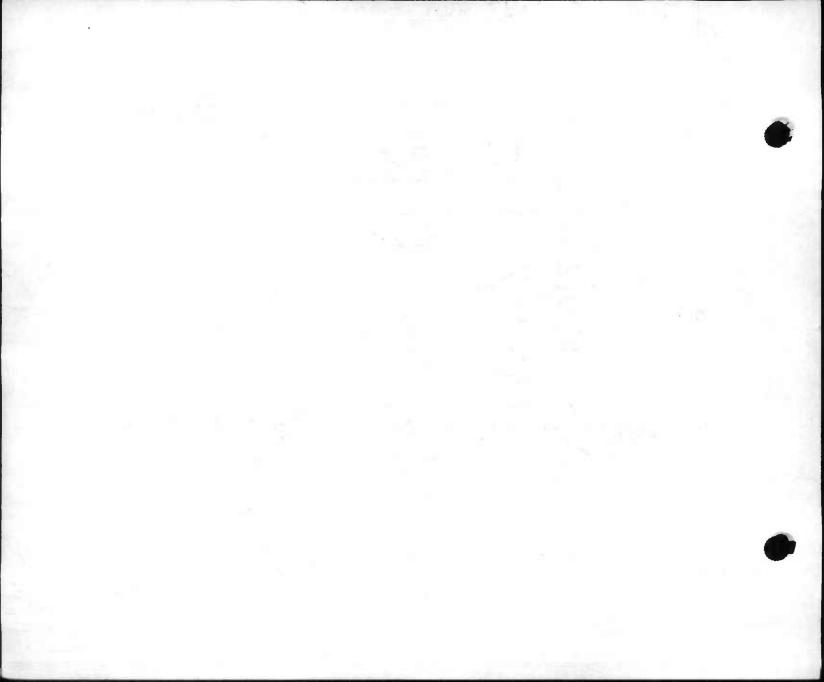
(AT HOME STREET FACTORY OFFICE FARM ETC.)

Hampshire 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE STATE

FUNERAL DIRECTOR 306 Union Street HelsTey-Johnson Funeral Home, Berkeley Spgs., WV

DHMH - 16 50M 4/83 (VRA 15, 4)

Emiliar Carlo Carl



may be

FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAI BEALTH AND M ICATE OF DI	ENTAL HYG	IENE REG. N	2 3	3	0 /	
EASED NAME	FIRST		ET-Care	1	AST		20 DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR 5:30	
OR PRINT)	JOSEP	Н	A		POHLIN	G	September	12, 19	84	Р. м	
		4 RACE		5 DATE C		YEAR	& AGE (IN YEARS LAST BI		DNIHS DAYS	IF UNDER 24 HRS. HOURS MIN!	
Male		Whi	te	03		15	69	YRS			
ew York U.S.		76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Allegany			MD.		
		HOSPITAL, NURSIN	G HOME C		TUTION	12a USUAL OCCUPAT	ION	126 KIND O INDUSTRY	F BUSINESS OR		
mberland		Memo	rial Hosp								
L RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION TATE 13b. COUNTY CYLAND Allegany THER'S NAME FRST MIDDLE			give residence before 134. CITY OR TOWN Cumberlan	EBEFORE ADMISSIONI R TOWN 13d. INSIDE CITY LIMITS? 13& STREET ADDRESS / ZI PLAND YES NO R Rt. 4				2150	P CODE 21502		
			166 SOCIAL SECUI	RITY NO.	17. INFORMAN	٧T	unknow				
Yes WILL 081-07-516				161	Norma I	. Kell	er 1518B	Oldtor	me Man	ior	
Conditions, if an gove rise to in couse (a), statunderlying cous	WAS CAUSE IMMEDIAT y, which nmediate ing the se lost.	D BY: (E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	emmay	egitin	ust	rland,	em	MATE INTERVAL DNSET AND DEATH Vadent	
PART 2 OTHER SIC	SNIFICANT	CHF	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR COM	NDITION GIVE	N IN PART I	3	
190 DATE OF OPER	ATIÓN	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		WERE FINDIN ING CAUSES		
OR CONTRIBUTING	CAUSE OF DEA	all I	M. MONTH DA	Y YEAR	21¢ HOW INJ	URY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RT OR PART 2)		
21d INJURY OCCU	VHILE	21e PLACE	OF INJURY SEET FACTORY OFFICE FA	ARM ETC)	211 LOCATIO	N	T RO VII)	OWN	COUNTY	STATE	
sow he decea obove, //) wen 22b. SIGNATU	sed Nive on		1 19 6	-4	nd that in my (our) opinion (death occurred on the o	dote and hour	and Irom the		
Ch	120	in	7	-0	A1	TENDING	MEDICAL STA	AFF	123	Pur-59	

FOR - STATE REGISTRAR DECEASED NAME

Male TO BIRTHPLACE (STATE OR FOREIGN New York ID CITY OR TOWN OF DEATH

Cumberland USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN

YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. AR

Maryland 4 FATHER'S NAME

3 SEX

CERTIFICATION

marked ar Item 18 shaws any

MPORTANT: If Item 21 is

DHMH - 16 50M 4/83

(VRA 15, 4)

22e ADDRESS

PHYSICIAN . DIRECTOR PHYSICIAN 955 Frederick Street

Dr. A. Bollino

Cumberland, MD 21502

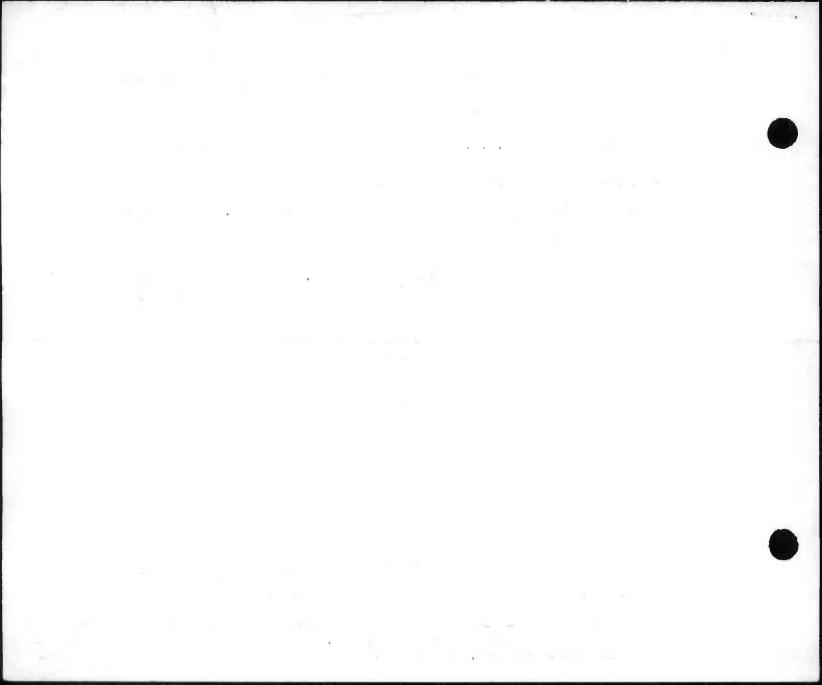
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BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY
""Cremation	9-13-84	Smithsburg Crematory

OR CREMATORY

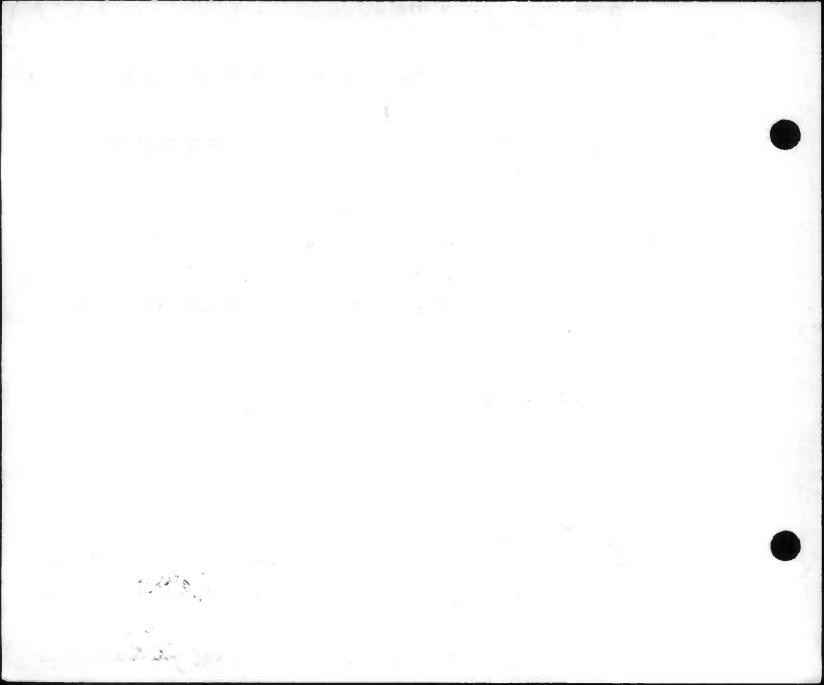
23d LOCATION Smithsburg

Washington 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

230 Baltimore Ave. Cumberland, MD 21502

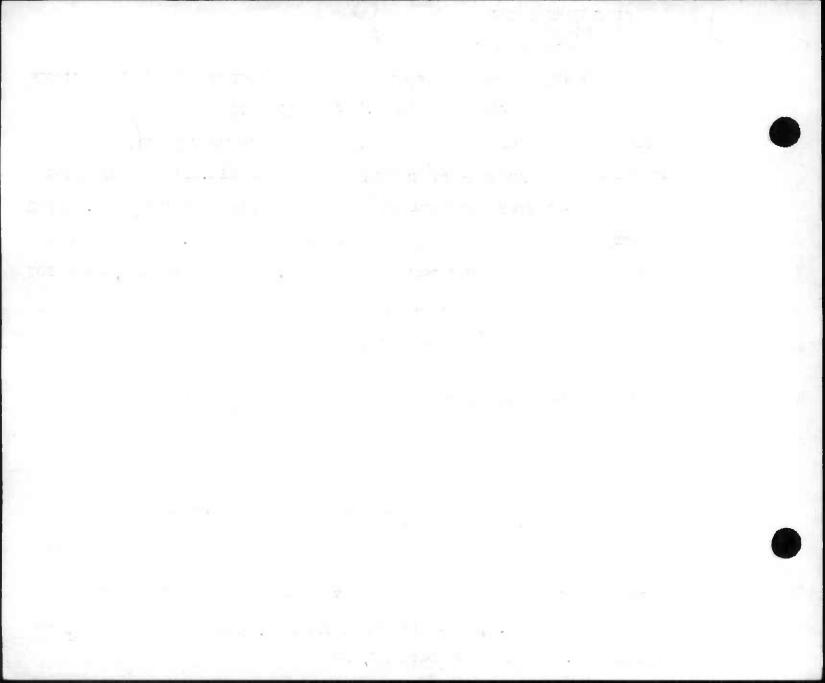


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	M		1 -	STATE REGISTR GUMBE	RLAND	MD 215	02	CERTIF	ICATE OF DEAT	H	REG. N	10.			
,	1			CEASED NAME	FIRST	٨	AIDDLÉ	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
ay be	0			OR PRINT)	DESS		MARGARET		POLING			9, 1984		6:30 A	
You			3. SE			RACE		5 DATE C	DAY VE	EAR	6 AGE (IN YEARS LAST BE	RTHDAY) IF UP	HS DAYS	IF UNDER 24 HRS.	
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deot	1							WIDOWE		-		ANY COUN		MD.	
after death. Page	Daylag	12		ty or town of DEA Cumberland	TH	LIE NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET / DHEART H	ADDRESS)	R OTHER INSTITUTION	ON	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) NWSe's a	OF WORKING LIFE)	26 KIND C NDUSTRY NUTSA	OF BUSINESS OR	
in B	3	01	USU	AL RESIDENCE IF NURSI	NG HOME OR								NWW	Ling	
24 P	must	35		1d-21502	Alleg	anu	Cumberlo		13d INSIDE CITY LIA YES X NO		32 N. Lee		02		
ithin tely	Janie Z			THER'S NAME				0,000	15 MOTHER'S MAIL	DEN NAM	E	JA 617			
od a de	E //2)//	Ch	arles	^	St	alnaker		Anna		WIDOLE	Bruba	bon	Л	
ecute d co	ical 6			VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ess Carpen dgely we	ter	addition	
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ofe b	aval.	/		IL CAUSE OF DEATH	1 (Enter onl	one couse per	line for (a), (b), and	Hein			_ -		BETWEEN	MATE INTERVAL ONSET AND DEATH	
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the the	F C .			gove rise to imm couse (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF							
thot d by	of, cren			underlying couse	lost.	(c)									
quires	to burn njury, o		NO	PART 2. OTHER SIGN	PLEU	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMII	NAL DISEASE OR CON	IDITION GIVEN I	N PART III	0	
y peer	prior any	-	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO						NGS USED	
an. hos	ene	4	TIFIC								YES NOW	IN CERTIFYING		NO [
Z Z	tal Hygin	(1	CER	210. ACCIDENT WAS UND		216. TIME O		V VEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2}		
ICIA 9 ph entifi	intal mea	7	CAL	OR CONTRIBUTING C		H HOOK A.		19							
ndin his c	d Me	- 1	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY EET FACTORY, OFFICE, FA	ADAA SIC \	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE	
offe of the	h an		2	AT WORK AT WOR	K	(ATTIONIC STR	ter racioni, orrice, ri	and the f			200				
N N	tealt realt			22a.l certify that (I)	(this hospit	ot) ottended the	deceased from_	٠.		1	_, to	, 19_		that (I) (me) last	
Spire CTO	of 1			saw the decease above, (I) (adt (dick-me)	partin tydy	after teath.	4. or	nd that in (my) (our)	opinion d	eath occurred on the a	late and have one	d from the	couses stoted	
har har	Sept.		,	17h SIGNALINE	0/	-11			DEGREE				22c. DATE	SIGNED	
AL C	tote [- 1	0	1	ace			ATTEN! PHYSI	ICIAN 🗗	DIRECTOR PHYSI	CIAN []	9/	6/84	
SPE NE	(U) (I)	1	100	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)		2	22e ADDRESS				/		
O HOSI	with the Stote			87.2	u V.	BEARD	ML, HIL.		BMG 912	SETO	ON DRIVE, C	UMBERLA	ND, MD	21502	
F 6 F 7	vi 5 <u>≤</u>		23a. E	URIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OR CREMA		23d LOCATION CITY OF TOWN		UNIY	STATE	
BP				Burial		9-11-	84 Res	tlawr	1 Cemetery		LaVale	Alleg	any	Md.	
DHMH - 16 50		3	24 FU	INERAL DIRECTOR	ae-		ADDRESS	202 G	reene St.	250 DATE	REC'D. BY REGISTRA			URE	
(VRA 15,	, 4)			Upchurch	Fun.	Hm. Cumberland Md. SFP 17 984						GURA HAN	Devidoon-Mandell		



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	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Peed by the haspital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in its the fuzzini di

7		KIGHT FUNER STATE 309 DECATUR REGISTRAR CUMBERLA CEASED NAME FRST	ST	DEPARTM	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	100	EG. NO.	YEAR))
N de		E OR PRINT)		MIDDLE		A31			ľ	
1 18	3. SE	DONALD	BOWI 14 RACE	DEN R	ICE 5. DATE C	AE DIDTH	SEPTEMBE 6. AGE (IN YEARS I			11:55PM
ge 4	10	ale	Whit	te	Jun	_ GmY YE AR	71	MONT		HOURS MIN.
earth. Po	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D		ITY <u>OR</u> COUNTY OF	DEATH	MD.
s offer d	-	mberland	I IF NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	DDRESS	OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Manit	MOST OF WORKING LIFE)	N. KIND OF NDUSTRY Hosp:	BUSINESS OR
within 24 hours letely filled in it d 2 should be filled in it.	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	R OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDI	RESS / ZIP CODE	Ave.	21502
thin stay	14. F.	ATHER'S NAME	WIDDEE	LAST		15 MOTHER'S MAIDEN NA		DDIE	LAST	
		Harry	MIDDEC	Rice		Mary		J.	Bot	vden
and composed land		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	1	ADDRESS		
e ca E		No No	WE WAR OR DATES	71416790	8	Robert E.	Rice Cu	umberland		21502
certificate b ing physicial rbonpapers. r remaval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause per ED BY: ATE CAUSE (a)	Tev mil	. 0	Broncho Ph	ey mon	, u	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
nat the death by the attend ass remove ca I, cremation, o ather troumot		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	Ca	pivatory !	Hier			
equires the signed Then plect to burial injury, or	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	HALDISEASE OR	CONDITION GIVEN II	N PART IIO	
ne low r nn. no. no. no. no. no. no.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIFYING		
PHYSICIAN; The I ending physician. this certificate has e buriol-transit pe di Mental Hygiene di or item 18 shows		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER NOTIFY MEDICAL EXAMIN	ATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE (OF INJURY IN ITEM 18 PART I	OR PART 2)	
3 PHY intending or this ond M ced or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE FA	RM ETC)	21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
TENDI or use or use of Heal		22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did r	n Senet.	27 19 3	34.01	nd that in (my) (aur) apinian	death accurred on	the date and have and	- /	ot (1) (we) last uses stated
HOSPITAL OR ATTI		27b. SIGNATURE	· Him	m, m)	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN [224. DATES	184
TO HOSPITAL etained by the TO FUNERAL should be det with the State IMPORTANT.		27d PHYSICIAN'S NAME OXPE	"MIJAI	3		27e ADDRESS 909 SETON D	RIVE CUM	BERLAND, M	2150)2
5 € 5 € ₹ ₹	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	N	UNTY	STATE
BP		Burial	Oct.2	.1984 Hi	llcr	est Burial	Cumb	omland 31	logo	Mb
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR William G. I		Cumber		25a DAT	REC'D. BY REGIS	TRAR 256 REGISTRAR	SSIGNATU	2.01.
			3				A BOAR A			



executed within 24 hours after death. Page 4 may be

nding physician and campletely filled in by the fu carbanpapers. Pages 1 and 2 shauld be filed with

medical

injury, ar other traumatic event, th

STATE OF MARYLAND

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1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF D		0 4	EG. NO.	3	3 1	U
	CEASED NAME	FIRST	A	MIDDLE	L	AST		20 DATE OF DEA	нтиом НТ	DAY	YEAR	26 HOUR
,,,,,,	ON TRIETY	EDWARD	E	VANS	ROB	INETTE			09	12	84	1907 M
3. SEX	(4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN
- M	IALE		WHITE		10	02	00	83	Y	RS.	DATS	HOURS MIN
	Maryl		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVERA	AARRIED	BALTIMORE C				MD
	CUMBERL	AND MD	MEMOR I		TAL M	EMORIAL	AVE	12ª USUAL OCC			Ste	el
13a. S	RYLAND	13b COU		GIVE RESIDENCE BEFORE	'N	13d. INSIDE C			RESS 2 CH AVE	1502 CUM		AND MD
14 FA	THER'S NAME FIRST Herma	n	MIDDLE RO	binette		Cl	ara	(Br	andt)	F	lobi	hette
16a V	VAS DECEASED E res, no or unknown	EVER IN U.S. AF	RMED FORCES?	214-05-		17 INFORMA MEMORI		PITAL ME	ODRESS MORIAL	AVE	CUME	BERLAND M
	Conditions, if gove rise to cause (a),	IMMEDIA any, which immediate	DUE TO, OI	R AS A CONSEQUE	ENCE OF	c UD					ye	IMANE INTERVAL ONSET AND DEATH
NOI	PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR	CONDITION	I GIVEN I	N PART 1	a
CERTIFICATION	19a DATE OF OF	PERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY YES NO	IN C	F YES, WE ERTIFYING YES	ERE FINDI G CAUSES]	NGS USED S OF DEATH? NO []
	21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21t. HOW IN	JURY OCCUR	RED (ENTER NATURE C	of injury in ite	M 18, PART 1	OR PART 2)	
MEDICAL	21d, INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	ЭN	CITY	OR TOWN	C	OUNTY	STATE
	sow the de	ceased alive or		e deceased from _ 9/12 19 after death.	89 , ai	9//2 nd that in (my)	_, 19	, ta death accurred on	the date and	19_d haur and	d fram the	that lost couses stated
	22b. SIGNATURI	4/50	llow	2	W		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DATE	SIGNED 13-84
	22 d. PHYSICIAN		,			22e. ADDRES	S					
	l Dr	. Antl	nony Bo	llino		955	Fred	oriok Si	- 0	ambo	w.T.n.	CM So

shauld be detached for use as the burial-transit permit. Then please remove carbant with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar rem IMPORTANT: If Item 21 is marked ar Item 18 shaws any 23a BUR (SPEC

IAL, CREMATION, REMOVAL	23b. DATE	23c. NAME (OF CEMETERY	OR CREMATOR
Burial	9/15/84	Zion	Mem.	Park

23d. LOCATION CITY OR TOWN Cumberland

Alleg B. REGISTRAR'S SIGNATURE

STATE

MD

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR:

After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

24. FUNERAL DIRECTOR

William G. Kight Cumberland, MDSEP 17

Named Carlo & was pure for Confe felomental feet and the property of the conference MANAGEM DISTRICT STREET AND SECURITY AND SECURITY The state of the s tilitim d. Hight du merlem, 1981 / 1940 per du de digit de matitit

Poge 4 may be

-	FOR 1 - STATE REGISTRAR	DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE REG.		3 3	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAS	ī	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 8:55
- 1	LEAH	MILDRED	_	BINETTE	Septembe		1984	
	3. SEX	4. RACE	5. DATE OF	9, DAY 1914	6 AGE (IN YEARS LAST)	BIRTHDAY)	MONTHS DAYS	HOURS A
	Female	White	May	9, 1914	70	YRS		
H	76. BIRTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY Allegany	OR COUNT	Y OF DEATH	
4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR		12a. USUAL OCCUPA			OF BUSINESS
1	Cumberland	Memorial Hospit			Cafe. Wo	rker	Edu	catio
1	USUAL RESIDENCE (IF NURSING HOA		ADMISSION)	3d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS 523 Well	ZIP COL	ve./21	502
1	Philip	Davis	1	5 MOTHER'S MAIDEN N Ethel	(Perri		Davi	_
	16g WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SECU		17 INFORMANT			ford R	
	No	214-07-4	458	Mrs. Eller	Leasure	Cum	berlan	d, MD
	PART I. DEATH WAS CA	er anly one cause per line for (a), (b), and USED BY: DIATE CAUSE (a)	selero	the Costion	osenlan Dr	slose	APPROX BETWEEN	MATE INTERVA ONSET AND DE
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ence of					
-	PART 2 OTHER SIGNIFICA Part 3 OTHER SIGNIFICA Part 3 OTHER SIGNIFICA Part 3	nt conditions contributing to the condition for which	Andy		AINAL DISEASE OR CO	20b. IF YI	ES, WERE FINDI	NGS USED

N IN PART IIa WERE FINDINGS USED ING CAUSES OF DEATH? 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the declased fram. saw the deceosed olive on_abave, (1) (saide) (did not and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS

22c. DATE SIGNED

126 KIND OF BUSINESS OR Education

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARS

IF UNDER 24 HRS

Philip Schroeder

Memorial Hospital Medical Building Cumberland, MD 21502

230. BURIAL, CREMATION, REMOVAL	23b. DATE
Burial	9/14/84

Zion Memorial

MD

24 FUNERAL DIRECTOR "William G. Kight

Cumberland Alleg 25a. Date rec'd. By registrar 25b. registrar's signature Cumberland, MD

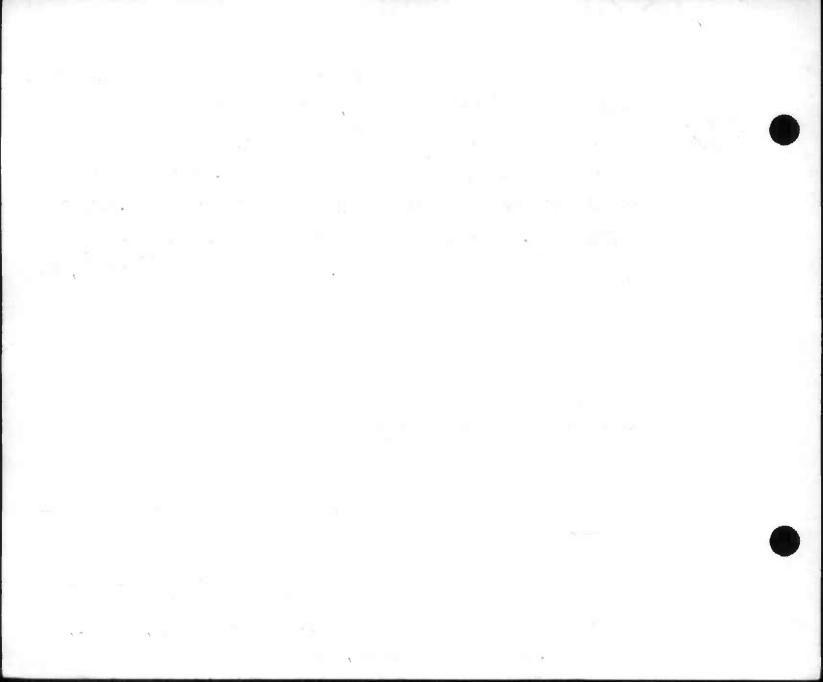
DHMH - 16 50M 4/83 (VRA 15, 4)

and Mental Hygiene prior to burial,

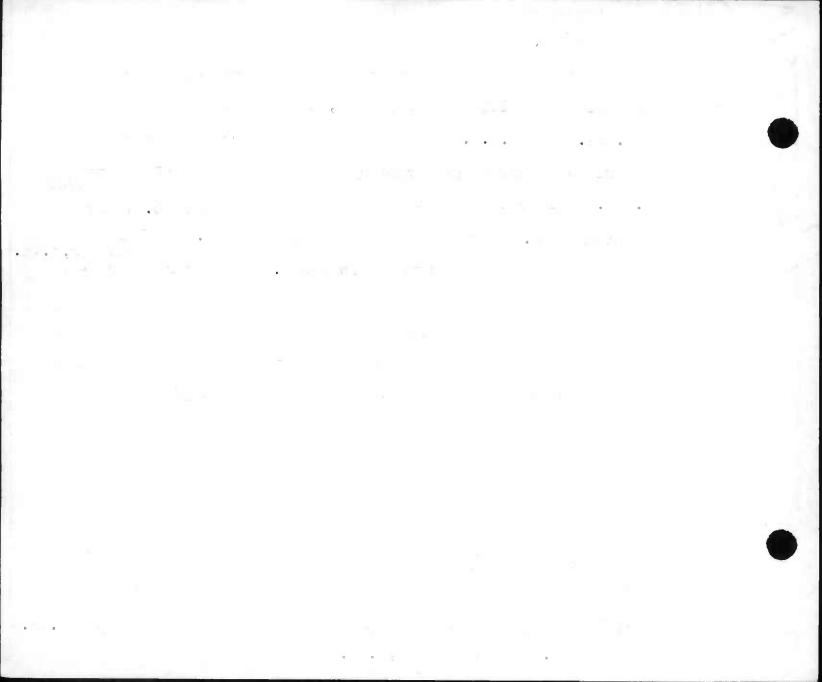
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MPORTANT: If Irem 21 is marked ar Irem

TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of He



6	1.	ROTRUCK FOR 85 S. MA STATE REGISTRAR KEYSER,	ITIA DILICEL	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL I CATE OF DEATH	HYGIENE 3 4	2 3	3 1 2
	1. DE	CEASED NAME EIRST	WIDDLE	Į,	AST	24 DATE OF DEATH MON	ITH DAY	YEAR 26 HOUR
y be	(,,,,,	BETTY	LOU	RODE	HEAVER	SEPTEMBER	25. 19	84 8:45A M
oge 4 moo	3 SE	× Female	White	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	YRS IF UNDI	ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
O T S S S S S S S S S S S S S S S S S S	₩. 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DE	EATH
oy the led another de	10 C	Cumberland	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GF SACRED HEA	NURSING HOME O	R OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKE	12b	KIND OF BUSINESS OR DUSTRY
n 24 hours	13a			ICE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	Star R		G 29729 G Box 12
omplete)	P.E.	Garner	H. McDo		Stella	HIDDLE		son
and cond	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	al security no.	Joseph E	ADDRESS Rodeheaver	Star	eyser,W.Va r R _t 1
certificate ting physicic roompopers removal.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	one couse per line for (o), D BY.	IVER FA	ung			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the deoth he ottend emove co emotion, o		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(6)	lentosis	COTIVE HERS	103m2		YILL
quires that is signed by then please it to burial, and injury, or other	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	ON GIVEN IN	PART Ha
ion. he low reconstruction. hos been if permit I lene prior lene	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200	CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO []
SICIAN: T ng physici certificate unal-transi iental Hygi	-	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	SIN .	TH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR	IPARI 2)
AG PHYS offendin free this of the but h ond Me	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	co	DUNTY STATE
ATTENDIN Spitol or SCTOR: Aid for use of for use of Healt m 21 is mo	:	22s.1 certify that (I) (this haspi saw, the deceased alive an above, (I) [we] (that) did no	- SAM - 25	_19 on		to 8 mion death occurred on the date o	and hour and f	
TAL OR HE HE HE HE HE HE CORE		77h SIGNATURE	tel			G MEDICAL STAFF N DIRECTOR PHYSICIAN		9/27/84
TO HOSP repaired to though the S with the S		BRUCE BEHOUN				ETON DRIVE, CUM	BERLAN	DMD 21502
999999		Burial, Cremation, Removal Ispecify) Burial	28 Sept 8	,	EMETERY OR CREMATO	Burlingto	n Min	
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME ALLEN M.	ROTRUCK KI		25a.		REGISTRARS	SIGNATURE Con-Handett



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	£
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

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			CEASED NAME	FIRST		MIDDLE	L.	AST	2	REG. NO a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1 7 5		(TYPE	MARGA!	RET	L	OUISE	R	OLLER		SEPTEMBER	11.	1984	7:50Pm
4		3. SE			RACE		5 DATE O			AGE (IN YEARS LAST BIRTI	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
9 9 9	ii.		female		white			13-22 YEA		61	YRS.		1.00
leoth. Pour neral di in 72 ha	85	10. BIRTHPLACE (STATE OR FOREIGN 17.6 CITIZEN OF WHAT COUNTRY? 8 MARRIEL WIDOWE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME COUNTRY (SIFE STADENES) SACRED HEART HOSPITUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						\/	NEVER MARRIED P BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY, MD.				
by the fu	52								DN 17	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF MOUSEWITE	ON WORKING L	176 KIND C INDUSTRY OWN	home
othin 24 hourstely filled in 2 should be	35	USU, 13a S	al residence (if nursi) Itate MD	AIIe	other institution ty gany	GIVE RESIDENCE BEFO 13c. CITY OR TO Cumber	WN	138 INSIDE CITY LIM		Rt. 4 - I	ZIP COD	e Mountai	n 21502
ed withir	10	14 FA	THER'S NAME Edgar J.	Hous	NIDDLE SE	LAST		15 MOTHER'S MAIDE Afic	е На:			LAS	51
ond co		16a V	VAS DECEASED EVER II		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES			-
		,	(ES. NO OR UNKNOWN)	13.076		2151643	343	Mrs. Alic	e Isa	aacs – Riva	a, MD		
a physicia and popers.			18 CAUSE OF DEATH (Enter only one cause per time far (a), (b), and ich PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) RUGAC ATTENT									BETWEEN 2	MATE INTERVAL ONSET IND DEATH
that the death ce d by the attendin ease remove carb al, cremation, or			Canditions, if any, gave rise ta imm cause (a), stating underlying cause	ediote the	DUE TO,	AS A CONSEON AND ACONSEON PLATAL	a lid	of Bri	of C	Colon Liver. 2	lerg	7 m	? & .
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physical physical physical fronting of Hygin and Richard Physical	9		210. ACCIDENT WAS UNDER		HOUR A.	M. MONTH I	DAY YEAR	21¢ HOW INJURY O	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
ding ding is cert burial Menti	, f	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE		P. 21e. PLACE	OF INJURY	19	211 LOCATION				299	
G Protein the sthe sthe		ME	WHILE NOT WHILE	E 🔲	(AT HOME, STI	REET, FACTORY, OFFICE	FARM ETC)	STREET	0.1	CITY OR TOV	VN	COUNTY	STATE
TTENDIN priol or TTOR: Af for use o of Health			22a.1 certify that (I) (sow the deceased abave, (I) (we) (di	d alive as	Ser	pt 11 10	Carry II	d that in (my) (our) a	apinian dec	, ta ath occurred an the da	te and ha	ui and fram the	that (1) (we) lost causes stated
HOSPITAL OR A ned by the hos FUNERAL DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DESTREAMENT IN HERMAN			276. SIGNATURE	the	yen	rde		ATTEND PHYSIC 1 27e ADDRESS	OING L	MEĎICAL STAF DIRECTOR PHYSIC		27c DATE	SIGNED 2/84
HO FU	1		CHANG OH	122					TERR	RACE, FROST	BURG	, MD 2	1532
D P P S S		23a E	URIAL, CREMATION, R	EMOVAL	23b. DATE 09-14-			EMETERY OR CREMAT		23d LOCATION CITY OF TOWN Cumberlar	nd A	llegany	STATE
DHMH - 16 50M 4/8	3		JNERAL DIRECTOR					25		REC'D. BY REGISTRAR	25b REGIS	TRAR'S SIGNAT	TURE
(VRA 15, 4)	~	Ja	ames F. Sca	rpell	i, Cumb	perland,	MD 215	502	0 1 4	1900 Julia	Devide	an-Randa	pe-



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC	NIO	

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REGISTRAR		CERTIFI	CATE OF DE	ATH	REG. NO).		
1. DECEASED NAME FIRST	MIDDLE	LA	ST		20. DATE OF DEATH	HTMON	DAY YEAR	2h HOUR
(TYPE OR PRINT) WILLIA	M HOMER	SLOUG	SH		SEPTEMBER	18,	1984	6:30
3 SEX	4 RACE	5. DATE O			. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 24 HI
MALE	white	MAR.	26,	1919	65	YRS.	MONTHS DAYS	HOURS
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVERMA	2000	BALTIMORE CITY OF		Y OF DEATH	
COUNTRY) VA	USA	WIDOWE		RCED	ALLEGANY			
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME O		JTION	20 USUAL OCCUPATION			F BUSINESS
CUMBERLAND	(IF NOT IN SUCH FACILITY, GIVE ST				retired	WORKING I	(FE) INDUSTRY	Ind.
USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)	13d INSIDE CITY YES 🔀 N	LIMITS?	3e STREET ADDRESS /	ZIP COD	E 21	502
14 FATHER'S NAME			15. MOTHER'S M	AIDEN NAM				
William Gr	av Slough		FIR	Ännie N	Matthews		LAS	ıT
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL S	ECURITY NO.	17 INFORMANT		ADDRE	SS		
(YES, NO OR UNKNOWN) (15 YES, VES Wa	r II 220-10	0-4132	Ruth E	. Sloud	gh, Cumberl	and.	MD - w	ife
LIL CALISE OF DEATH STATE	only one couse per line for (o), (b)	and (c)		,				IMATE INTERVA
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE (b) CLOCO DUE TO, ORAS A CONSE (c) Hep CLO	OUENCE OF	Hepa	xxxs indu	Fantent with		V(S) IN PART I	_
19a DATE OF OPERATION	T CONDITIONS CONTRIBUTING		n was perfora	AED .	200 AUTOPSY? YES NO	20b IF YE IN CERT	S, WERE FINDIF IFYING CAUSES ES []	NGS USED
CALLER OF CALLER OF		DAY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUR	PART 1 OR PART ?)		
(IF EITHER NOTIFY MEDICAL EXAM	NER) P.M.	19						
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC.)	21f LOCATION		CITY OR TOV	VN	OUNTY	STAT
220.1 certify that (1) (this ho	27a.1 certify that (1) (this hospital) attended the deceased from							
sow the deceosed alive above, (I) (we) (did) (did	on1 not) view the body ofter death.	9, on	d that in (my) (o	ur) opinion de	oth occurred on the do	te and ha	ur ond fram the	couses state
226 SIGNATURE	L	1		ENDING YSICIAN	MEDICAL STAF		22c DATE 9//	SIGNED 8
22d. PHYSICIAN'S NAME (TY	rt OX PRIVIT		22x ADDRESS	EDOCTO	URG PLAZA			
DR. SUSAN S	CHWARTZ					L532		
23a BURIAL, CREMATION, REMOV		23c NAME OF C			23d. LOCATION			
Burial		TOUR LANGE OF C	MEIERT OR CR	EMATORY	CITY OR TOWN		COUNTY	STAT

BP.

etained by the hospital or attending physician

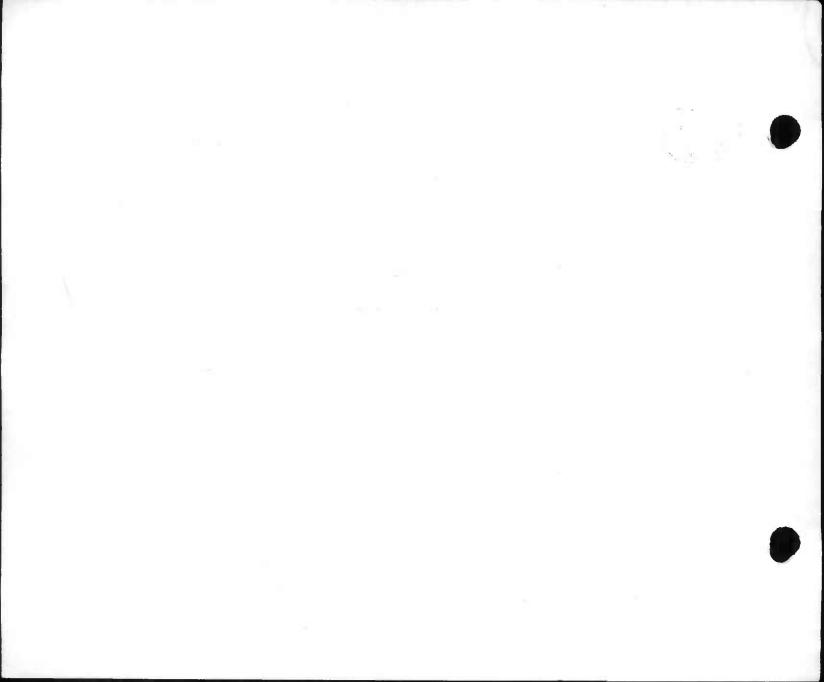
TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full-should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within a with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

250. DATE REC'D. BY REGISTRAN 250 REGISTRAN

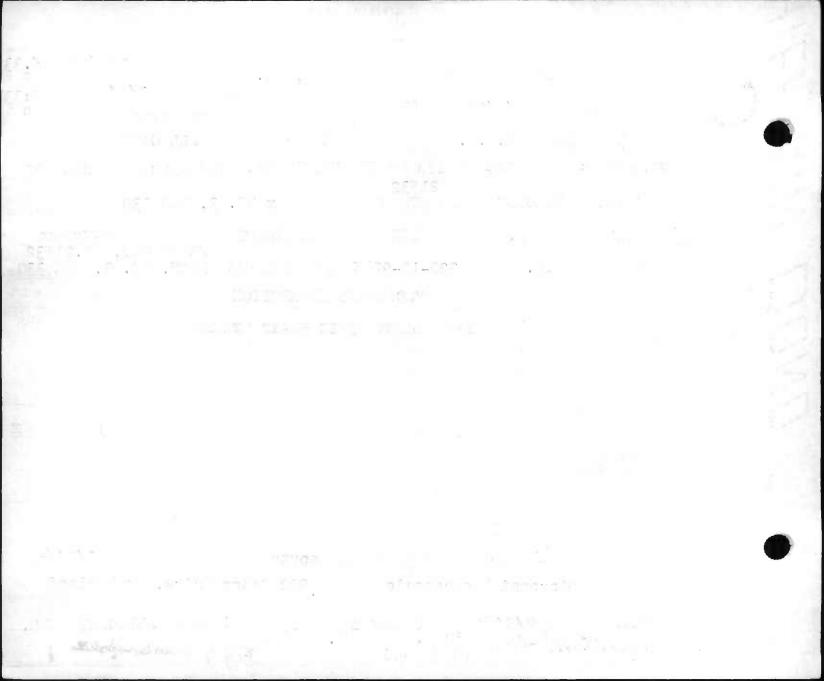


DHMH-17 (VR A15 ME (5)) 15M 2/80

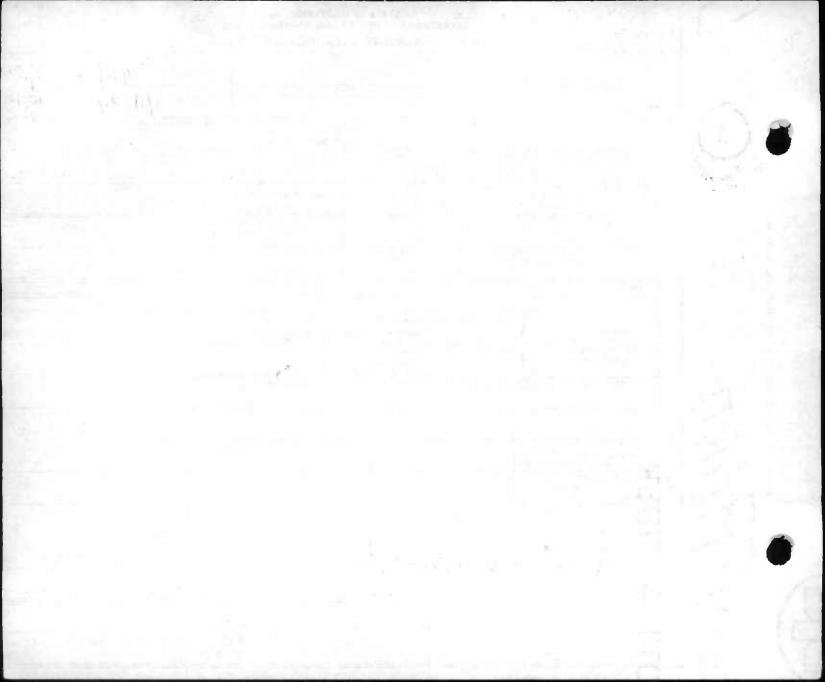
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	3	03.0	1	O
REG. NO.				

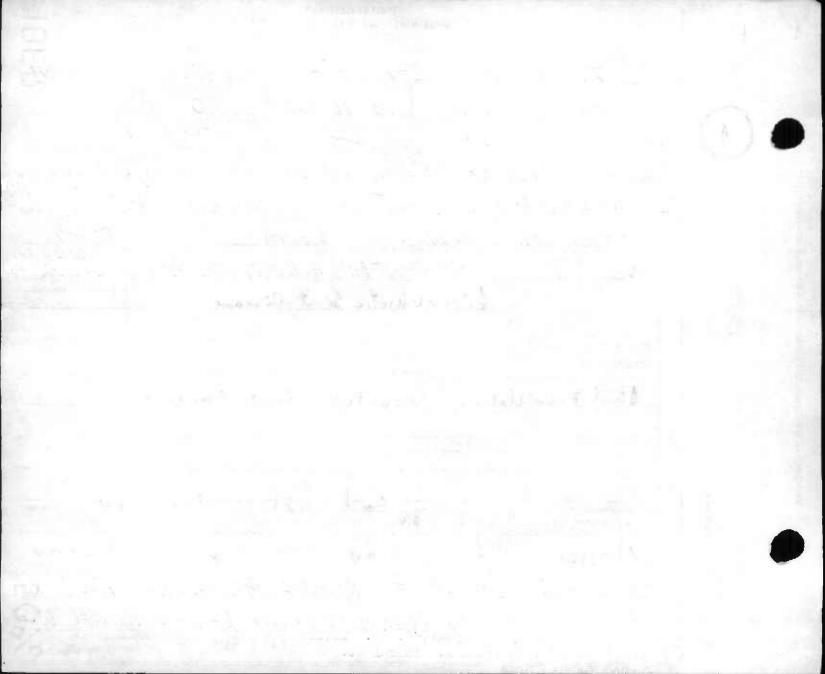
1			DE	PARTMENT OF	HEALTH A	ND MENTAL HY	GIENE		> -2	1 1	
		REGISTRAR			IER'S CEI	RTIFICATE OF	DEATH	REG.	No.	52 I S	,
		LE CAUC 8/5/17 67 VRS									
			100		700 00 00		_	ATH MATED	LI WANTE	19	D W
н	SEX		MONTH DAY	YEAR LAST BIRTHD	AY) MONTHS		MIN. PROM	NOUNCED	97278	84° "	5:33
- 10					10		9 B4		Y OR COUNT		
ч	FOR	EIGN COUNTRY)		COOTTINE:		_			_		
				al, nursing hom		NSTITUTION 1	2a USUAL C	CCUPATION (TYPE OF WORK	126 KIND OF BU	SINESS
1			DOAFR	OSTBURG'		NITY HOS	PMAIN	TENAN	CE		
9	Jo. ST.	ARYLAND ALLE	Υ 1	3C CITY OR TOWN	lG y	еѕ 🗆 но 🕱 🛚	RT. 3		330	2153	2
7	14. FA1		M.	SMITH	15.	FIRST					S
1	60. W	S. NO. OR UNKNOWN) I HEYES GIVE V	VAR OR DATES)				nar/all			MD.215	32
		NO N.A				ISS BARB.	ARA S	MITH,	RT. 3	BOX	330
		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y ane cause per line for BY:	(a), (b), and (c).)	RDTAT.	TNFARCTT	ON			APPROXIMATE BETWEEN ONSET	AND DEATH
		IMMEDIAT	E CAUSE (0)								
1			AR			C HEART	DISE.	ASE			
1		cause (a) stating the under-	()	A CONSEQUENCE	OF				- 11		
1		lying cause lost.	(c)					_			
		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION GIVEN IN PART	1 (0)				
1	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	n for which opei	RATION WAS	PERFORMED?				20 AUTOPSY?	
	FE									YES 🗌	NO T
7	CE	-				INJURY OCCURRED	ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PAR	RT 2)	
1	Z Z	CONTRIBUTING CAUSE OF D	EATH P.M.	19							
	MED	21d. INJURY OCCURRED WHILE DOT WHILE					CITY	OR TOWN	COL	YTML	STATE
		AT WORK AT WORK	,					Control			
		220. I certify that I took charge	e of the remoins describ			, Inspection	LX. In	quiry X	ond in my op	inion	
		death resulted fram: Nature	ol couses X, A	ccident L, Si	vicide,		Undetermin	ed manner	١.		
		ACTUAL DU DE	: Illot	surph	O M.D.		MEDICAL	EVAMINED	DATE	9/2/8	4
7		V	700-007	V .	m.D.,						
		(TIPE OK PKINT)				JRESS			Cumb	er. rand	
	(SP	PEC III +)									
1	24. FU	INERA PRESTORAL CAS			IT CEM IN ST						MD.
1	SC	WERS FUNGRAL		O W. MA		SEP 10	ORE	Julia Dan	idson P	mobile :	



1		Scarpelli Fu or 108 Virginia EGISTREumberland,	AVADUA DEPA	RTMENT OF	TE OF MARYL HEALTH AND	AND MENTAL H FICATE O	EDEATE	2 3 3	1/
#a48=	1. DEC	. NO. □ 9 17	84, 7.30 M						
RECTOR FILE STREET	3 SEX	4. RACE	T. Spicet 5. Date of Birth Month Day Year 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS LAST BIRTHOAY) MONTHS DAYS HOURS MIN			24 HRS. 2c. DATE PRONOUNCED DE AD	8/11/84	DAY YEAR 20 HOUR	
	7. 60	male white	04-24-16 75. CITIZEN OF WHAT CO	00 YE	8. MARRIED	NEVER MARRI	9 BALTIMORE CIT		
AND SERVICE	10 CI1	Y OR TOWN OF DEATH Wlings	USA WIDOWED DIVORCED Allegany Co 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IENOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rt. 3 BOX 22A WIDOWED DIVORCED TO Allegany Co FOR MOST OF WORKING, LIFE) NUTSING ASSISTA				TYPE OF WORK 126		
ANY DELA AND 3 TO RETAIN PA HOULD BE RECORDS		ATE 138 COUNT	R OTHER INSTITUTION, GIVE RESIDE		ON) 13d INS	DE CITY LIMITS?	12. CIRECT ADDRESS	22A Z	1557
DEATH. IF SES 1, 2, A PM 3. AND 2 SI OF UTAL R	I4 FA	THER'S NAME FINTONN Troast	WIDDLE	IS, MOTHER'S MAIDEN NAME					LAST
IRS AFTER DI S. GIVE PAG WITH FORM PAGES 1 A DIVISION O		AS DECEASED EVER IN U.S. ARA 5, NO, OR UNKNOWN) (IF YES, GIVE V	var or Dates) 219-44-2475 Mrs. Shirley A. Llewellyr					lings, MD	
D BE EXECUTED WITHIN 24 HOUN ENDING" IN PENCIL IN ITEM 18, WEDICAL EXAMINEE AT A SA 8 A SA 8 BURIAL - TRANSIT PERMIT ALTH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS	E CAUSE (o) DUE TO, OR AS A C (b) DUE TO, OR AS A C (c)	Pulmo Consequence (Carci	onary met onary of noma of	astases breast			BETWEEN ONSET AND DEATH
HOULE HIEF L USED OF HE	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPER	ATION WAS PERI	FORMED?			20 AUTOPSY? YES \(\sum \) NO \(\folear)
CERTIFICATE S TING THE WO SED TO THE O 3 SHOULD BE DEPARTMENT PRIOR TO BU	DICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJUR HOUR A.M. MON P.M. 21e PLACE OF INJUR	NTH DAY YEAR			D LENTER NATURE OF INJURY IN ITEA	M 18 PART 1 OR PART 2)	
THIS CE WARDED WARDED PAGE 3 STATE DE 21201 P	MEI	WHILE NOT WHILE AT WORK	STREET, FACTORY, FAI		STREET		CITY OR TOWN	COUNTY	Y STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		270. I certify that I took charge of the remains described above, held on Autapsy Inspection Inspection Inquiry Inquir							
EXECUTE PAGE 4 TO FUNI AFTER DI BALTIMO	23o.Bl	IRIAL, CREMATION, REMOVAL 2	nni Mastrang	2. NAME OF CE	METERY OR CREW	ATORY	ton Drive, Cum		
BP	Ci	emation	09-21-84	Rosedale	Euneral	Chape.	Martinsburg	Berkele	
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	Ja	mes F. Scarpell	i, Cumberlar	nd, MD 2	1502	YLF &	O ISOM Junots		



	1			STAT	E OF MARYLAND				
	1.	FOR STATE			EALTH AND MENTAL HYGICATE OF DEATH	0	2 3	3	8
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE		AST	REG. N	NO.	YEAR 2h	HOUR
		OR PRINT)	1	CL	1-0	0 / 1	-1	Zb.	Box
	3. SE	Lren	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BI		NDFRIYEAR IF U	UNDER 24 H
	1.00	Famula	White	MONTH		80	MONTH		OURS M
A	7a. B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	DUNTRY? 8		9. BALTIMONE CHY	YRS. DR COUNTY OF I	DEATH	
13		OUNTRY)	(1.5.A.	MARRIE	D NEVER MARRIED DIVORCED	alle	gany	co.	
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME C		120. USUAL OCCUPAT		2b. KIND OF BUNDUSTRY	USINESS
89C	C	umberland	Alleganu	Co. Nun	ing Home	1	1 . 1	Plane	esel
\$24	USU 13a.	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	134. INSIDE CITY LIMITS?	13 STREET ADDRESS	/ ZIP CODE	RAWZIR	16 5/2
	M	ARYLANDALI	EGANY MC	COOLE	YES NO	K+3 BOX	12X MC	COOLE,	111
21Can	I E F	THER'S NAME FIRST	MIDDLE D	UAST CONTRACTOR	15 MOTHER'S MAIDEN NA	WIDDIE	*	D LAST	67
_	14-1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	CIAL SECURITY NO.	17. INFORMANT	ADDR	FCC / L	12,10	<u> </u>
medico			E WAR OR DATES)	ILL AT 33A	MADO ALZ =	-n- CAR	Misto	S, MICC	022
E		NO	01	70/3/05	MVZHOPE	11/1/1/1/1/1/1	MIN PO	1 STALL LI	TI GO S
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	by one couse persone for to D BY:	o), (b), and (c).)	t. do. + 0		/	BETWEEN ONSE	TANDDE
GVGHT,			TE CAUSE (o)	n's seleno	i'c Heart V	'search			
No monto			DUE TO, OR AS A CO	ONSEQUENCE OF					
0		Conditions, if any, which gove rise to immediate	(b)						
in in	1	couse (a), stating the	DUE TO, OR AS A CO	onsequence of					
		underlying couse lost.	((c)						
-	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COM	IDITION GIVEN IN	N PART Ito	
N N	2	Amed File	nelation	Conju	you to	nt tai.	lui.	PE 50 10 11 10 1	
y ouy	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
Shows	=		2 All This or Billing	,	Tal. HOW BILLIPY & SOUR	YES NO	YES [40 🗌
00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	110110 441 440	NTH DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART I	OR PART 2)	
or Ten	S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
o o	MEDICAL	21d. INJURY OCCURRED	(AT HOME, STREET, FACTO	(Y RY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR T	OWN	COUNTY	STAT
X	-	AT WORK AT WORK		A		0	25		
E S		220 I certify that (I) (this hosp	4 77	w	mrx 19 /3				t (I) (we
7		sow the deceased alive or above, (I) (we) (did) (did no	t) view the body after dea	oth. 19 4 , of	d that in (my) (our) opinion	deoth occurred on the o	dote and hour and	I from the cous	ses stote
±		77L SIGNATURE	()		DEGREE			22c. DATE SIG	NED
<u></u>		Traneis	7.		ATTENDING PHYSICIAN [MEDICAL STA		9-24	-9
4	1	224 PHYSICIAN'S NAME (TYPE	OR PRIMI)	2-01	22e ADDRESS		0	ombe	PLA
NA NO NA		ROBUS TANO	BAKK	EKH	MEMORIA!	MEDICAL	BIDE	MARI	141
₹	23a.	BURIAL, CREMATION, REMOVAL	73k DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	- CV L-1	T. T. T.	11/1
		SPECIFY BURIAL	9/35/94	1 DUEEL	VI PAINITCL	THE STYPH TOWN	F12 /19	MENAL	STAT
	24. F	NERAL DIRECTOR	Kev	ser, W. a	26726/1907PA	E REC'D'SMANGESTRA	RISE RESISTRAR		2.0
83	7	Laidel. 170	Maxill S	Ser, w. a	UUI	1 Ti Maria	na waydsor	~- Randal	R.
	-	arkwood Funeral	1 - 1						
			ALC: NO AND DE						



						MARYLA						
] -	FOR STATE		AAI		MENT OF HEAL			1. 3	4 2	3 3	1	.)
	REGISTRAR	FIRST	M	MIODLE	EXAMINER'S	CEKTIFI	CATEO		KEG. 140			
	E OR PRINT)	-	IFTON	EARL	SWEITZER	LAST			DATE KNOWN X OF ESTI- DEATH MATED	0/15	1984	26. HC
3. SEX		4 RACE	5 DATE OF BIRT		6. AGE (IN YEARS IF	JNDER 1 YR	IF UNDER		DATE ONOUNCED	MONTH DA	AY YEAR	2d. HC
la 1		Cau	10 27		YRS.				DEAD	9/15	19	100
FO	RTHPLACE (S		76 CITIZEN OF	VHAT COU	MA	RIED AND		ED 📙	Allegany	COUNTY O	FDEATH	
10. CI	aryla TY OR TOWN	nd OF DEATH			IRSING HOME, OR O	THER INSTITU	DIVORC	120. USUAL	OCCUPATION ITYP	E OF WORK 126	KIND OF BU	JSINES
	Frostb	u rg	Rt. 1			ox 15	9	Powd	or room		OR INDUST	
USUA 13e. S		(IF IN NURSING HOME C			E BEFORE ADMISSION) Y OR TOWN	13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS	1532		
	Marylan		gany	F	rostberg	YES 🗌	NO X	Rt.	1 Border	Shaf	t Box	x 1
	THER'S NAM	E	MIDOLE		LAST		ER'S MAIDE		MIDDLE	Fil	LAST	
16a. V	SAAC VAS DECEASE	D EVER IN U.S. AR/	MED FORCES?		itzer CIAL SECURITY NO.	17. INFOR	MANT	3	ADDRESS		e1.	
(YI	NO NO	OWN) IF YES, GIVE	WAR OR OATES)	216	-01-8815	Mrs.	Isal	bel S	weitzer	same	as ll	L)
	18 CAUSE C			APPROXIMAT ETWEEN ONSE								
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest (DUE TO, OR AS A CONSEQUENCE OF												
	Conditio	ons, if any, which	DUE TO, C									
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> . (b) Sick Sinus Syndrome DUE TO, OR AS A CONSEQUENCE OF											`S
	lying ca		(6)		10140110101							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10											
MEDICAL CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPSY?	
FICA	IND. DATE OF	OFERATION	148 CO141	CONDITION FOR WHICH OPERATION WAS PERFORMED?							YES	NO
SERT		AL CAUSE WAS		OF INJURY	21c	HOW INJURY	OCCURRE	D (ENTER NATI	URE OF INJURY IN ITEM 18	PART 1 OR PART 2)	LES FT	NO
CALC	UNDERLY INCONTRIBUT	G OR ING CAUSE OF I		M. MONTH M.	DAY YEAR							
MEDI	21d. INJURY	OCCURRED NOT WHILE		OF INJURY		OCATION		C	ITY OR TOWN	COUNTY		STA
	AT WORK	AT WORK										
	22a. I cert	ify that I took charg	e of the remains d	escribed ab	ove, held on Aut	apsy .	Inspection	n X	Inquiry X, an	id in my apinior	n	
	death resul	ten fram: Notus	al causes X.	Accident	Suicide L	, Hami		Undeterm	nined manner,			
	ACTUAL	1000	1	han	300	MD AST	SPECIFY)	V	AL EXAMINER	DATE (9/15/8	34
	SIGNATURE	Ju		/ 1		M.D. <u>F131</u>	, DD C	T_WEDICA	IL EXAMINER	SIGNED	3/10/	
	(TYPE OR PR		1 Snow	4.D.		_ADDRESS_	Me	moria	l Hospita]			
23a.Bl	URIAL, CREMA	TION, REMOVAL 2	3b DATE	23c	NAME OF CEMETERY	OR CREMAT		23d. LOC A	TION	COUNTY	ک ہے۔	TATE
	Buri.	al	9/18/8		g Memori	al Pa	rk	Fro	stburgA	Llegan	y Md	•
	NAME		Nome ADDE		st Ave.		SEP	24 K		STRAR'S SIGN		
ע	urst.	runeral	nome F	rostb	urg 2153	2	041	716	184 Trelia	Davidson-1	Janasa	•

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21532

232. 0

	ge 4 may b	100	edor, page	n offer dea
•	r death. Pag	(Cherol din	and Thom
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may b	etained by the haspital ar attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the Londinal different page	should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 should be filed within 22 hapin infer deal with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

	FOR STATE REGISTRAR				EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6.0	3 3	2 0	
	DECEASED NAME FIRST		MIDDLE	ĹA	ÄST	20. DATE OF DEATH M	ONIH DAY	YEAR	2b. HOUR 4:02	
ı	ELVA	ANNA	A TH	IARP		September 1	4, 198	34	p.M	
3	SEX	4 RACE	5.	DATE O		6. AGE (IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
L	FEMALE	white		JAN.	$2\overset{\text{DAY}}{2}, 19\overset{\text{YEAR}}{00}$	84	YRS.	VIRS	HOURS MIN.	
7	O. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY? 8	A A DOLE	□ NEVER MARRIED □	9. BALTIMORE CITY OR	COUNTYO	FDEATH		
	PA	USA	1	IDOWE		ALLEGANY				
T	CITY OR TOWN OF DEATH				R OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR	
	CUMBERLAND		RIAL HOSPIT			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITAL				
l	JSUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 CQUI MD ALLE		GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN Cumberlar	. 1	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / Z		2/1	500	
1	FATHER'S NAME	9 1			15. MOTHER'S MAIDEN NA		1101120	P vasi		
Charles Owen Mason Last Florence V. Luman								LAS	Ī	
1	60 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDRESS	S			
L	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-22-31	.05	Donald L. Th	arp -Cocoa.	FL - S	son		
ſ	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		line for (a), (b), and (c)		e failur			BETWEEN	MATE INTERVAL ONSET AND DEATH	
ı	MALDIA		R AS A CONSEQUENC	E OE	0.	r ,				
ı	Conditions, if any, which	(1b)	Meroca		hal In	tayer-n				
1	gave rise to immediate	Sus to o	DACA CONSCOURNS	101	1					
underlying cause last DUE TO, OR AS A CÓNSEOUENCE OF arrange disease										
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM		HON GIVEN	IN PARL 10		
	3 Cereter	o Dace	cull	1/2	ie deen	(Stroke	1, u	sell	new	
I	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OP	ERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V IN CERTIFY!!	WERE FINDA NG CAUSES	OF DEATH?	
	E					YES NO	YES		NO []	
		216. TIME C	OF INJURY M. MONTH DAY	YEAR 21L HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)						
	4		M.	19						
	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	v	COUNTY	STATE	

DEGREE

Hillcrest Burial Park

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

220 DATE SIGNED

AMADO TORRES

NOI WHILE

MEMORIAL HOSPITAL MEDICAL CUMBERLAND, MD 21502 23c NAME OF CEMETERY OR CREMATORY

and that in (my) (aur) opinian death accurred an the date and have and Iram the causes stated

23d Location
Curyortown
Cumberland Allegany

230 BURIAL, CREMATION, REMOVAL Burial 24. FUNERAL DIRECTOR

MPORTANT: If Item 21 is

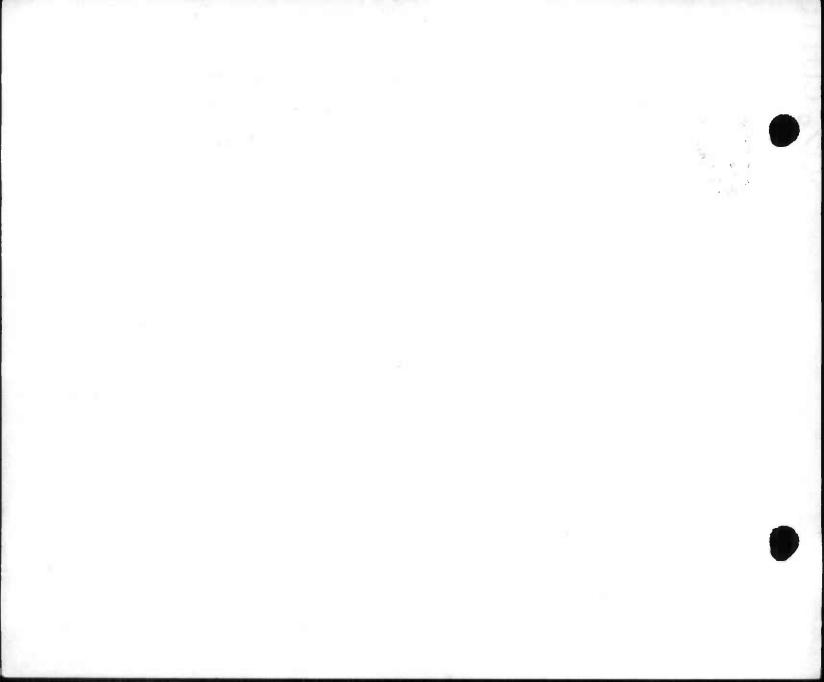
James F. Scarpelli, Cumberland, MD 21502

73h DATE 09-17-84

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

his Davidson-Randell's

DHMH - 16 50M 4/B3 (VRA 15, 4)



page ?

		FOR		DEPART		OF MARYLAND EALTH AND MENTAL HYG	IENE		arring .	
7	1.	- STATE REGISTRAR				ICATE OF DEATH	REG.	NO. 6-10	3 5	2
V		CEASED NAME FIRST	7	MIDDLE	L	AST	20 DATE OF DEATH		OAY YEAR	2 4245
	11476	Walla	ice	R.	Trou	tman	Sept.	25.	1984	а. м
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST I	IRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS
1		Male	White		Feb		60	YRS		HOURS MIN.
171		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	_	ITY OF DEATH	
12		MD	US		WIDOWE	D DIVORCED	Alleg	jany		MD.
Ochlied		amberland		CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOS Staff En	TOF WORKING	Stat) HADOSIKI	istic
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ked	ž	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR T	NWC	COUNTY	STATE
mar		220.1 certify that (I) (this hosp	ital) attended in	ne deceased from	12	10 8	10 81	VV	10 84	that (I) (well ast
21 is		saw the deceased alive on	80	19	84/00	d that in (my) (our) opinion o	death occurred an the	date and h	naur and from the	causes stated
E	- 14	22h SIGNATURE	t view the body	ofter death.		DEGREE			22c DATE	
IMPORTANT: If Item	19.	Mudley	Kille	utu	(1)	ATTENDING	MEDICAL ST	AFF	9-	25-84
NA T		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)		UV	22e ADDRESS	DIRECTOR LI PHTS	ICIAN []		
I ORI		Andrew Stas	ko MD	-		924 Satas T	Omi Co.			
₹	230 5	BURIAL, CREMATION, REMOVAL		122. 1	IAME OF C	924 Seton I	123d LOCATION	mper	Tand, M	D
	1	SPECIFY)	_				CITY OR TOWN		COUNTY	STATE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or remayal.

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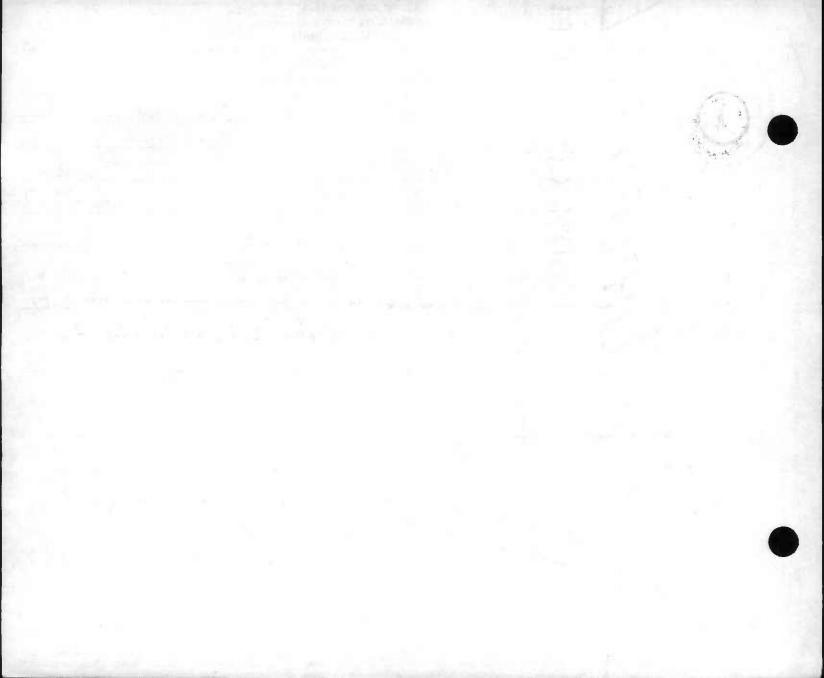
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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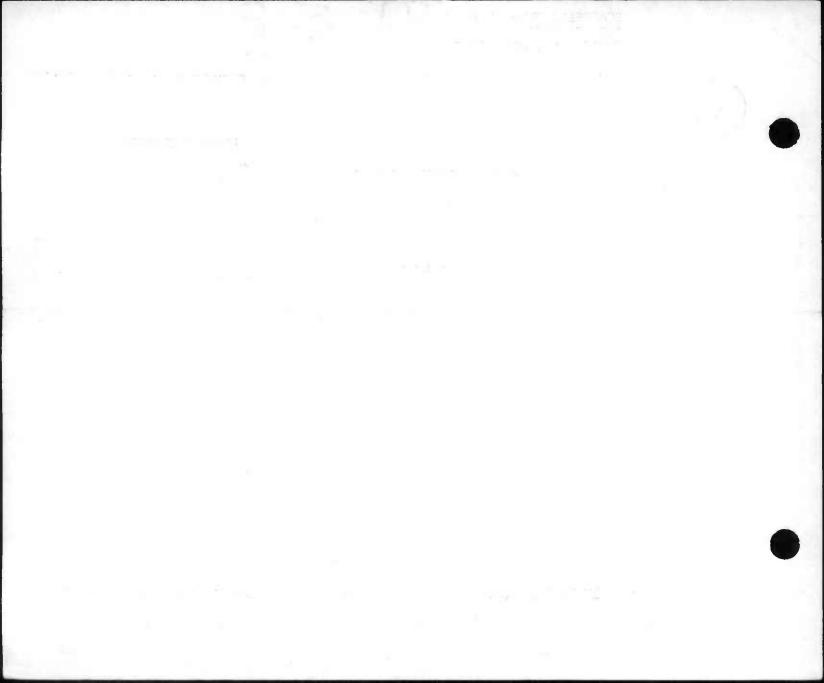
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours or	n. nas been permit. T ne prior i	2	CERTIFICATION	19a. DATE OF OPERATION	19b. CO	NDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	20a AU1	- 1	20b. IF	YES, WEI	RE FINDING CAUSES	NGS USED OF DEATH?
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OF V		7		OR CONTRIBUTING CAUSE OF		A.M. MONTH P.M.	DAY YEAR								
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R AT	DIRECTO			above, (I) (we) (d-d) (did 22b. SIGNATURE	not; view the bo	ody after death.		DEGREE			-			22c DALE	SIGNED
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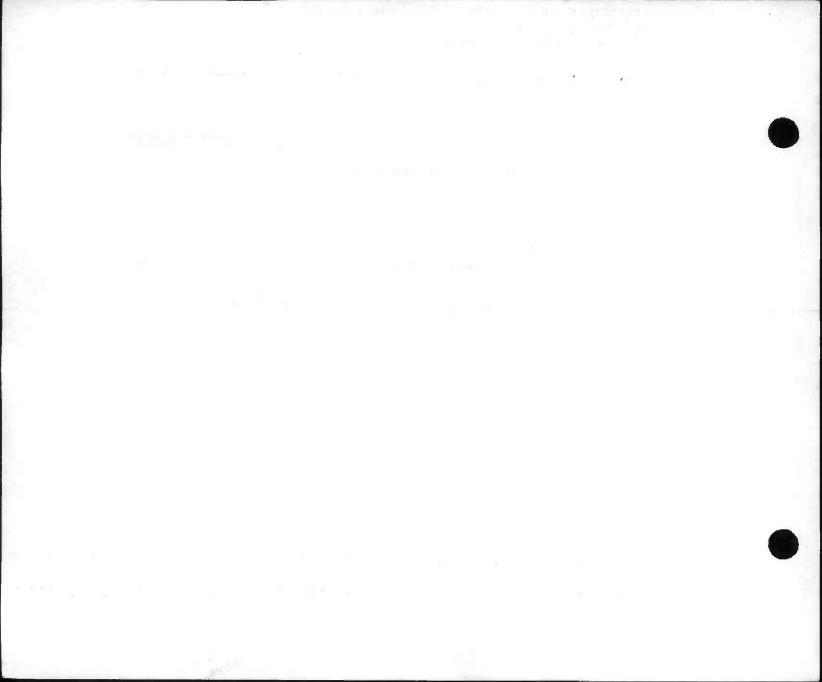


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	. [CEASED NAME FIRST OR PRINT)	N	AIDDLE	L	AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
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eoth. Pog	85	No. BII	RTHPLACE (STATE OR FOREIGN)	USA	WHAT COUNT	RY? 8 MARRIEI WIDOWE	DIVORCED D	9 BALTIMORE CITY OF			MD.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212DI ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or offending physician.	arease remaye carbonipuperial, cremation, or remayal or other froumotic event, the		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OF	R AS A CONSI	EQUENCE OF		AILURE.			IMANTE INTERVAL ONSET AND DEATH
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		24 FI	INFRAL DIRECTOR				25n D.A	TE REC'D BY REGISTRAL	2125h REGISTR	AR'S SIGNIAT	TIPE

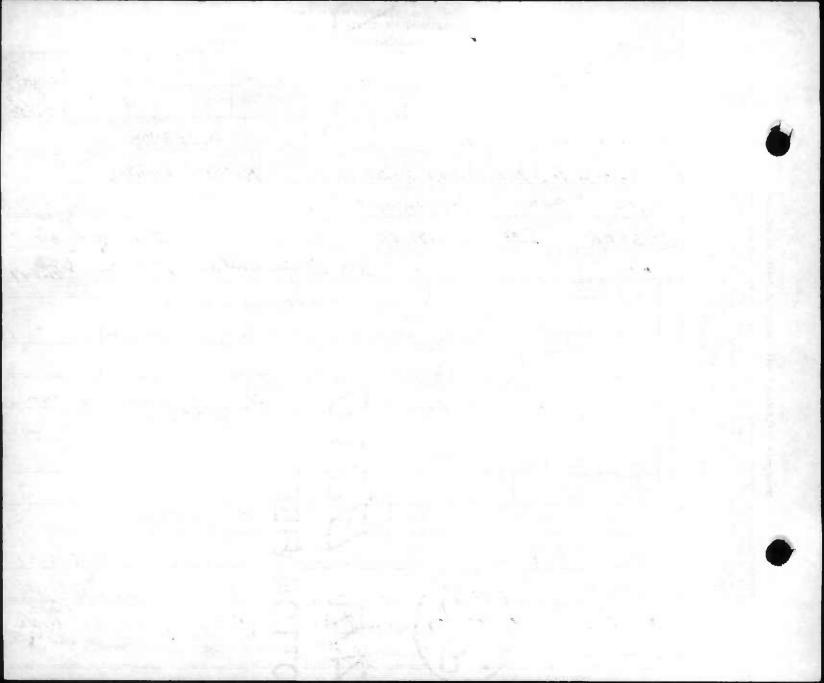
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James F. Scarpelli, Cumberland, MD 21502

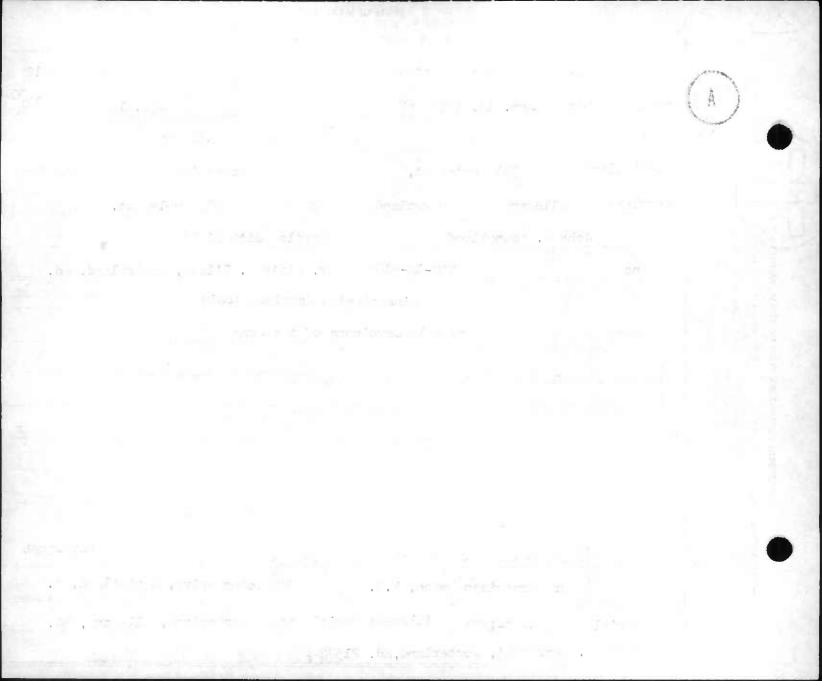
EP 13 Com Julia Vairdon Randalle



/			STATE OF MARYLAND
1		1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MÉDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.
1			Albert B. Whithour SR DEATH MATED Q 9 9 10 84 11-40 W
,	PIES PIES PIES PIES PIES PIES PIES PIES	3.5EX	RACE DATE OF BIRTH AGE (N YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOUR
	N VOUR	/	M
-	PART TO BE	H	MARRIED NEVER MARRIED ALLEGHAM - MD.
	PAGE S PAGE S SPRIED	CL	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MEMORIAL HOSPITAL 120 USUAL OCCUPATION (17PE OF WORK 12b KIND OF BUSINESS OR INDUSTRY PRINTER PRINTER
21201	AND S	13a S	THE IDENCE PROPERTY OF TOWN GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN PETERSBURG: YES X NO 13e STREET ADDRESS 99999
E. MD.	NO Z	7	ASPER LEE WHITMER SUSAN STRANDERMAN.
BALTIMOR	S AFTER DE GIVE PAGE ITH FORM PAGES I WISION FE	16a. V (Y	AS DECEASED EVER IN U.S. ARMED FORCES? NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236-28-0359 Elsie Whitne, Peterley 116 847
:	IN 24 HOUR IN ITEM 18. ALONG W SIT PERMIT, HYGIENE, MOVAL.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Canditions, if any, which
RECORDS, 201 W. PRESTON ST	> N M F Z Q		gave rise to immediate cause (a) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) Cl Coholism
VITAL RECORDS	PENDIN MEDIC D AS A TEALTH CREW	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19. Paraplegia due to Complex accident compression of 5th Correct 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 198. DATE OF OPERATION 20 AUTOPSY? YES \(\sigma \text{NO} \)
Ö	GERTIFICATE SHOURTH OF THE WORD "SPED TO THE CHIEF RS SHOULD BE USE EDEPARTMENT OF HE PRIOR TO BURNEY OF PRIOR TO BURNEY OF THE PRIOR TO		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION	E, WRITING RWARDED PAGE 3 SH STATE DEP (2 2 1201 PRI	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 216. PLACE OF INJURY (ATHOME. STREET CITY OR TOWN COUNTY STATE
•	MEDICAL EXAMINER: TECUTE THE CERTIFICATE, GES A SHOULD BE FORW PUNERAL DIRECTOR: P. TE DEATH, WITH THE ST THOORE, MARYLAND, 2		22a certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TILE (SPECIFY) ACTUAL SIGNATURE M.D. SUICIDE M.D. SUICIDE M.D. SIGNATURE SIGNED Left 10 - 84
	MEDIC GE 4 SI GE 4 SI FUNE THE DE/		EXAMINER'S NAME Francisco Reyes address 900 Seton Dr. Cumberland, Md.
0000	524554 —	()	BUATED. 9/12/84 maple Hell ametry Petersburg Brant. W.Va.
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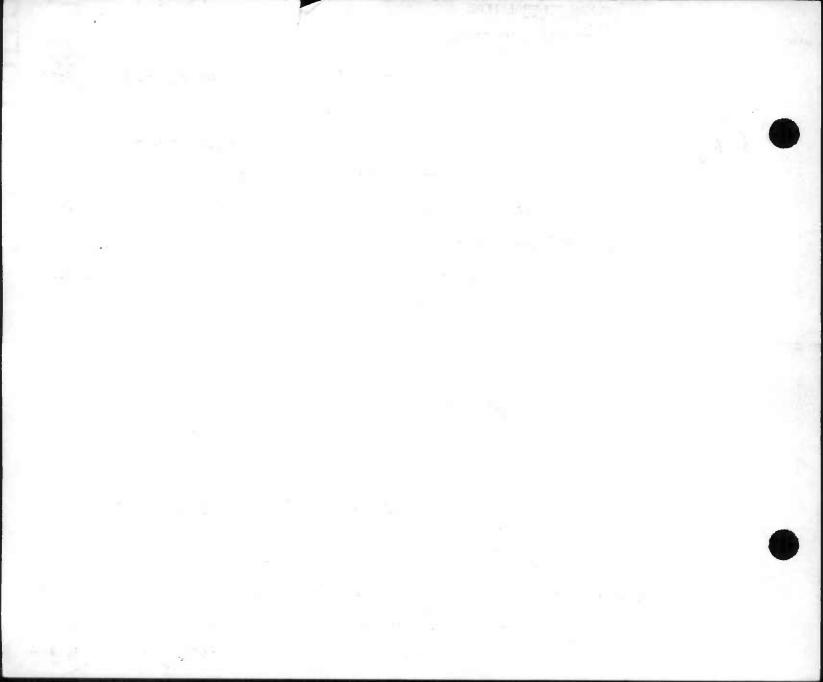


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MARYLAND 21201
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DIVISION OF VITAL RECORDS, 3

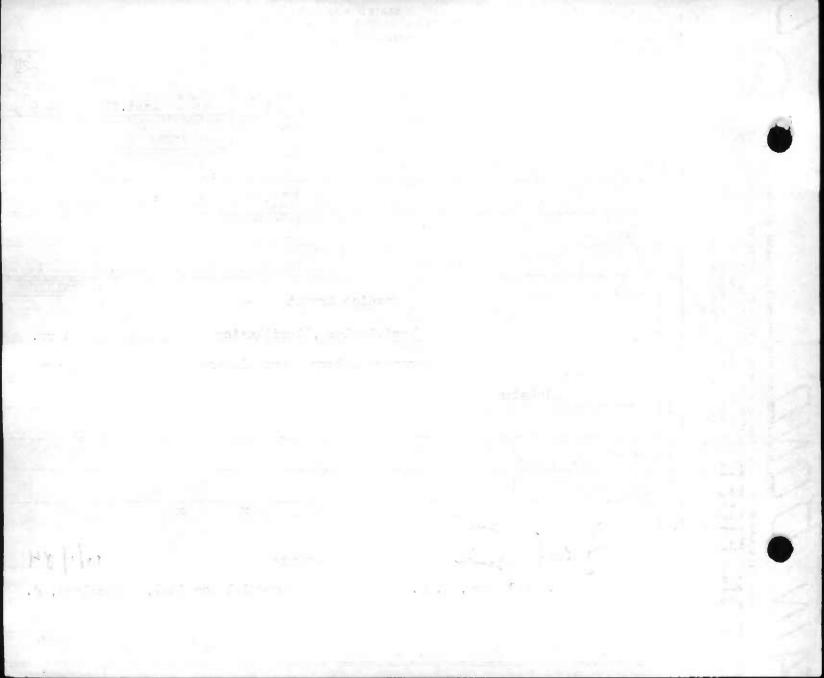
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5 5 1 2 3 2	236	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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6	13a S	10 ^E	F IN NURSING HOME O	ROTHER INSTITUTION, GIVI Egany	134. CITY	OR TOWN	nd	13d. INSIDE CI	NO [13e SIRI	18 Cumberla	nd St	treet 2/5	0Z
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		lying cause		(c)	(Sequence of Coronar	y Ar				ease		Year	5
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93	CAL CERTIFICATION	19a DATE OF C		196 CONDITI	ON FOR	WHICH OPERA	ATION W	AS PERFOR	MED?				20 AUTOPSY?	NO []
			OR G CAUSE OF D	EATH P.M.	MONTH	DAY YEAR	21¢ H	OW INJURY	OCCURRE) (ENTER N	ATURE OF INJURY IN ITEM 18 P	ART I OR PAR	17 2)	
	MEDICAL	21d INJURY OC WHILE AT WORK	NOT WHILE CAT WORK	2 Te PLACE O				CATION			CITY OR TOWN	cou	INTY	STATE
			that I took charge	couses Z,	ribed obo Accident		Autop	, Hamici			Inquiry X, and	d in my opi	inion	
7		ACTUAL SIGNATURE	Jan	(Jun			M	D. Det	outy	MEDI	CAL EXAMINER	DATE SIGNEI	10/1/8	4
4		EXAMINER'S N (TYPE OR PRINT		Paul Snow				ADDRESS			Hospital,	Cumb	erland,	íd.
	230.BL	Burial	ON, REMOVAL 23	10-01-84		illcres				CL IM	CATION DET and All	COUN	MD STA	TE

DHMH - 17 (VR A15 ME (5)) 20M 4/82 James F. Scarpelli, Combers and, MD 21502

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1	SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	hau
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0	CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS
ou o	Сш	mberland /		HEART HOS			Homemake	7	Hom	0
	50 A la. S1	L RESIDENCE (IF NURSING NOME OF	ROTHER INSTITUTION. NTY	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD		9940
4	-		eral	Ft. Ashb) <u> </u>	YES 🔀 NO 🗌	Dawn View	U N.H	1/2	6719/
201	FAI	HER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LA	.ST
2		James	_	Wright		Sarah				
O 2 16		AS DECEASED EVER IN U.S. AF S, NO OR UNKNOWN) (IF YES, GIT	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS		
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er froumo		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)	R AS A CONSEQUE	ries	Molie &	Cart De	seco	al 10	gcs.
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aws any injury, ar ath	KIILLAIION	PART 2 OTHER SIGNIFICANT	196 CONDI	TION FOR WHICH		n was performed	20a AUTOPSY?	20b. IF YE	ES, WERE FIND IFYING CAUSE (ES	INGS USED
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